requires that the death certificate be

TENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	-1052	8	
1. DECEASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR	
(TITE ON PRINTE)	JAMES	EDWARD	ACK	MAN	MAY 29TH,	1979	11:00 A	
Male Male	4 RAC	nite	5. DATE O	te 6,°1925	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. DAYS HOURS MIN	
Pennsylva		ZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY C		TH MD.	
Cumberland		AME OF HOSPITAL, NURSIN			USUAL OCCUPAT LIVE OF WORK FOR MOST CO	DE WORKING LIFET INDU	IND OF BUSINESS OR STRY	
USUAL RESIDENCE (IF 130 STATE Maryland	NURSING HOME OR OTHER IN 13b. COUNTY ALIEGAN	stitution, give residence before 13c. CITY OR TOW Cumberla	N	1336. INSIDE CITY LIMITS? YES NO K		ock Road-E	Bel Air	
FIRST Me.	lvin C. Acl			FIRST	th Phalin		LAST	
160 WAS DECEASED E (YES, NO OR UNKNOWN Yes		Rorean 195-14-		Mrs. Marilyn	Ackman, Cu	mberland,	Md. Wife	
cause (01, s underlying co	e to immediate oil, stating the groups lost. DUE TO, OR AS A CONSEOL (c) THER SIGNIFICANT CONDITIONS CONTRIBUTING TO			NOT RELATED TO THE TERMI	VINAL DISEASE OR CONDITION GIVEN IN PART T(a)			
190 DATE OF OP	ERATION 19	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES		
OR COLUMNICATION	CAUSE OF DEATH	D. TIME OF INJURY OUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	RT 2}	
V (IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK		PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN COUNT	TY STATE	
saw the de	te (1) (this hospital) off ceased alive on 5 (e) (did) (did not) view	ended the deceosed from 19	. 0	nd that in (my) (our) opinion d	death occurred on the d			
226. SIGNATURE	The	Cerco		ATTENDING PHYSICIAN	MEDICAL STA	FF C	-29-79	
	MEHANNA, M.	, D.		909 B SETON	DRIVE, CUM	BERLAND, M	ID. 21502	
230. BURIAL, CREMATION (SPECIFY) Burial				ew Cemetery	23d LOCATION City of Jown	Bile Alleg	any. Pa.	
SCARPELL I	FUNERAL H	DME CUMBE	RLAND	MD.21502	JUN 4 197			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detoched for use as the buriol-tronsit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be in

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NE PATER	ent instants fit 1	r T			MA bandran
	atter sto			monder.	HIVI CO
THE REAL PROPERTY.	n Acesant, Cumberton		6367-NG-8		
		Y 1H, /	011	9 1 - T	
FF-15-7				48-2-2-1	
	M J. I. E. CONSELAND				MAHAM MHOL

Antys.

SCARLELL FIREAL HIME

18 "1 G1 14 A18. H ME UUMBER A19, 10.21500

al annietts south

TON ST., BALTIMORE, MD. 21201	N 24 HOURS AFTER DEATH. IF ANY DELAY 1 TEM 18, GIVE PAGES 1, 2, AND 3 TO T ALONG WITH FORM PM 3, RETAIN PAC 1 PREMIT, PAGES 1 AND 2 SHOULD BE FI 1 YGIENE, DIVISION OF VITAL RECORDS, 3C 11.	1
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO TEAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PACTOR PROFERLAIDING WITH FORM PM. 3. RETAIN PACTOR DEFECTOR: PAGES 3 SHOULD BE 17 TO FUNERAL DIRECTOR: PAGES 1 AND 2 SHOULD BE FITTED FOR THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 30 WITH ONE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	

DHMH - 17 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

FOR 1 - STATE		EPARTMENT OF HEALT			
REGISTRAR	MED	MIDDLE		REG. NO.	10520
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	LAST	OF ESTI-	DAY U WAR Z ZENHOUR
ERVIN	KEY	ARMENTROU			-79 19 11:55a
3 SEX 4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON		4 HRS. 2c. DATE MONTH PRONOUNCED	DAY YEAR 2d. HOUR
Male White	12-17-10	68 YRS.	TIST DATE NOOKS		-79 19 11:55av
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH.	AT COUNTRY?	RIED XX NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
W. Va.	USA	WIDO			ME
ID. CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME, OR OT	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
C11		ILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE) Retired	Carpenter
Cumberland USUAL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	eart Hospital ERESIDENCE BEFORE ALMISSION)			carpenter
13a STATE 13b. COUN		13c. CITY OR TOWN		3e STREET ADDRESS	
Maryland Alleg	gany	Rawlings	, AAL	R#_3	
14. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
Ott		entrout	Alli	e Ha	rman
160. WAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURITY NO.	17. INFORMANT		4
No		217 10 1987	Erma Armei	ntrout Rd 3 Rawli	ngs, Md.
18 CAUSE OF DEATH (Enter on		for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED	D BY: TE CAUSE (a)	Cardio-P	ulmonary Fai	Llure	Days
immedia		AS A CONSEQUENCE OF		Internet	
Conditions, if any, which		0	Hanna Dian		
gove rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE OF	y Heart Dise	ease	
lying cause lost.	DOL 10, OK,	AS A CONSEGUENCE OF			
	(c)				
PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING IN DEATH &	AT NOT KETATED IN THE TERMINAT DIZEN	ISE OR CONDITION GIVEN IN PART	1 (0).	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	LINE CONDITI	ION FOR WHICH OPERATION V	AVAS PEDEODMED?		20 AUTOPSY?
S 198. DATE OF OFERATION	198. CONDIT	ION FOR WHICH OFERATION	WAS FERI ORMED:		
					YES NO X
	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	RT 2)
S CONTRIBUTING CAUSE OF		19			
TO ONTRIBUTING CAUSE OF I		FINJURY (ATHOME. 21f. LO	OCATION	CITY OR TOWN COL	UNTY STATE
WHILE NOT WHILE AT WORK		out, than, cit.,			
	(c)		psy . Inspection	VV	
		ribed above, held on Auto			mun
deoth resulted from: Natur	ral couses XXI.	Accident , Suicide L		Undetermined monner,	
ACTUAL A	1. +1	1-1-1	TITLE (SPECIFY)	DATE	
/ SIGNATUR Level	uci	ellarelle	Deputy	MEDICAL EXAMINER SIGNE	5-30-79
EXAMINER'S NAME Bene	edict Skit	arelic, M.D.	_ADDRESS_R#9,Cu	mberland, Maryland	21502
30. BURIAL, CREMATION, REMOVAL (STECIFY Burial	June 79	Potomac Mei	or CREMATORY m. Gardens	Keyser, Minera	t W. Vave
124, FUNERAL DIRECTOR AL	ten ROTRUG	CK		EC'D. BY REGISTRAR 256. REGISTOR'S S	

ROTRUCK, KEYSER, WEST VIRGINIA

JUN 4 19/9

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25-01-01-01-0			18.6 (12-11/-10	Male Man
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG N8 -	10	5	3	0
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11-	REGISTRAR		MED	DICAL EXAMINI	ER'S CER	TIFICATE O	OF DEAT	TH REG	N8 - 1	0220		
	ECEASED NAM	E FIRST		WIDDIE	LAST		2	OF ESTI-	HTMOM XX	DAY YEAR	26. HOUR	
- (11)	PE OR PRINT)	Harry	El	elsworth	Bake	r		OF ESTI-	□May (9. 19 79	A.M	
3. SE	X	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UNDER			C. DATE	HINOM	DAY YEAR	34:130R	
M	ale	White	Sept. 30,	1909 69 YR	·	DAYS HOURS		RONOUNCED DEAD	May 9,	19 79	AM	
	OREIGN COUNTRY)		76. CITIZEN OF WH	AT COUNTRY?	MARRIED	NEVER MARR	RIED	BALTIMORE CIT				
	Marylan		u. s.		WIDOWED				llegan		MD.	
1	Cumberl	and,	D. O.	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS! A. Memorico	al Hosp		FOR MC	AL OCCUPATION OST OF WORKING LIFE) Machini		OR INDUST	RY	
	STATE .	a. Miner	V	Ridgeley,	13d	INSIDE CITY LIMITS?	13e STRE	ET ADDRESS VILLIAMS	St.			
	Reuben		MIDDLE	Baker		MOTHER'S MAID	EN NAME	MIDDLE		Hymes		
160.	WAS DECEASE YES NO, OR UNKNO	D EVER IN U.S. ARM		705-10-666		s. Bern	ice M.	Baker 9	KLUGI	eley. W. ams St.	. Va.	
		EATH WAS CAUSED		for (o), (b), and (c).)	CORONARY OCCLUSION						E INTERVAL T AND DEATH	
	gave ri	ns, if any, which	(b)	AS A CONSEQUENCE C	CO	RONARY S	SCLERO	OSIS		-	14.	
	couse (o) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF											
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a).											
CERTIFICATION	19g, DATE OF	OPERATION	196 CONDIT	NDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?		
FI C										YES 🗆	NOXX	
	IDEDIVINI	AL CAUSE WAS GOR ING CAUSE OF D	and the second second	MONTH DAY YEAR		NJURY OCCURR	ED (ENTERN)	ATURE OF INJURY IN ITEA	A 18 PART I OR PAR			
MEDICAL	21d. INJURY O	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCAT STREET			CITY OR TOWN	COU	UNTY	STATE	
	22e. I certify that I taak charge of the remains described above, held an Autopsy , Inspection XX (nquiry XX), and in my opinion death resulted fram: Natural causes XX.											
	ACTUAL SIGNATURE	R.	diet X	Ketarol		Deputy	MEDI	CAL EXAMINER	DATE SIGNE	May 9,	1979	
1	EXAMINER'S (TYPE OR PR			tarelic, M.				umberland	, Md.	21502		
230.1	BURIAL, CREMA	tion, REMOVAL 2:	36. DATE //11/79	23t. NAME OF CEA	st Buri	al Park	Cun	nberland,	Albeg	any Mari	yland	
24	FUNERAL DIRE	CTOR			21502	250. DATE	AYBY	REAGISTE AND SIDE	EG TELES	4/10 V	ody	

H. Wayne George 202 Greene St. Cumberland, Md.

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

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> 10011 Mg. Beeck and .al weeps 201 despes amin't ill

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TENDING PHYSICIAN. The law

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	REGISTRAR			CERTIFI	CATE OF DEAT	H	REG. NO.	19.	-103	0 1	
П		CEASED NAME FIRST		DDIE	LA	AST	20	DATE OF DEATH MO	HIM	DAY YEAR	2b. HOUR	-
	11116	RAYMOND M.				RNCORD	The state of the	MAY	Y 11,1979 8:30A			1
	3. SEX		4 RACE		5. DATE O		6. /	AGE (IN YEARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 HRS	-
3		Male	White		May	16, 18		83	YRS.	MONTHS	HOURS MIN	
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRI	ED 🗆 9.1	BALTIMORE CITY OR	COUNTY	OF DEATH		
5		Md.	U.S.	A	WIDOWE	DIVORCE	ED 🔲	Allegany			ME	_
		TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION		USUAL OCCUPATION			F BUSINESS OR	
9								Retired	1	Railn	oad	
4	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU		SIVE RESIDENCE BEFORE		13d. INSIDE CITY LIA	MITS? 13e	STREET ADDRESS				
9		Md. Alle	gany	Corriga	nvill		-	Box 13				
ğ	I4 FA	THER'S NAME FIRST	MIDDLE	ŁAST		15 MOTHER'S MAIL FIRST	DEN NAME	MIDDLE		LAS		
Ö		liver	R Price	Barneo		Agn	es			Vogh		
		/AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
		Yes WW		705-12-7	876	Wm. Edwar	d Burk	ett Box#3	6 E	llerali		_
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per li	ne for (0), (b), and	ع اد	0	0		100	BETWEEN C	NATE INTERVAL	
			TE CAUSE (o)	Carol	ae	leve	A			330		_
		410-	DUE TO, OR	AS A CONSEQUE	NCE OF) 0	. 11	, 20		1		
	8	Conditions, if any, which	(lb)	Clux	wi	enjerten	u He	ent your	1	1/0	zy	_
	31	couse (a), stating the underlying couse last	DUE TO, OR	AS CONSEQUE	NCE OF		0 .	0.0	0			
	н		((c)	Muy	Lu	JURane	Yui	Lifour	Lea			_
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
\exists	CERTIFICATION	19g DATE OF OPERATION	10h CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED		20s AUTOPSY? 2	Oh IF YES	S, WERE FINDIN	IGS LISED	-
2	IFIC.	THE DATE OF CLEANION	178 CONDI	IOIVI OK WITHEIT	OI EKATIOI	THE STERN CHARLED	JD 01	_ \	N CERTIF	YING CAUSES	OF DEATH?	
7	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURÝ		21c HOW INJURY		YES NO NO NET INJURY IN	YE NITEM 18, P		NO 🗌	-
7	AL O	OR CONTRIBUTING CAUSE OF DE	AID	. MONTH DA		-12						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE O		19	21f LOCATION						-
	ME	WHILE NOT WHILE	(AT HOME, STREE	ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE	
		22a. I certify that (I) (this hasp	ital) attended the	decensed from	4.2	7 10	29	·		10 74	hat (I) (we) last	-
		sow the deceased alive or		19	9 , 00	d that in (my) (aur) (opinion deat	h occurred on the date	and hou	6		
		22b. SIGNATURE	ot) view the body o	fter death.	•	DEGREE				22c. DATE	SIGNED	-
		0.000	()	20111	2 11.	ATTENI PHYSIC	DING A	STAFF	NU	1	11/16	
\exists		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	3000				ORTH CEN		ST.	1417	-
		DR. WILLIAM	P. IAM	ES				RLAND. MI		51.		
							01100	111007111100 9 111	- 6			
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF CE	METERY OR CREMA	ATORY I	23d. LOCATION		1-1		=
	23a. B	URIAL, CREMATION, REMOVAL PECIFY) Burial		The second second				CITY OR TOWN	Alle	county gany	Md . STATE	=
	(5	PECIFY)	23b. DATE May 13	The second second	Rest	Lawn Mem	Gdn	CITY OR TOWN	REGIST	gany	Md.	=

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remave carbompapers. Pages 1 and 2 should be filed within 72 twith the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical examin

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BP.

DHMH-17

(VR A15 ME (5)) 15M 7/77

	FOR STATE			ľ	DEPART	STA MENT OF		ARYLAN AND ME		IYGIEN	lE .			
	REGISTRAR			MED	CAL	EXAMIN	VER'S	ERTIFIC	CATEO	F DE	ATH REG. I	NO7 9 -	1053	7
	CEASED NAM E OR PRINT)	_		ld Scot	tt Ba	rtlet		LAST			20. DATE KNOWN OF ESTI- DEATH MATED	May	16 19 79	1P M
3. SEX		4 RACE White	Dec	. 2, 19					IF UNDER	24 HRS. MIN.	PRONOUNCED DEAD ME	ay 16	DAY YEAR 19 79	1P M
FOR	RTHPLACE (S REIGN COUNTRY) Dhio	TATE OR	7b. CIT	US A		ITRY?	B. MARRI WIDOW	IED X NEV	VER MARRI		9. BALTIMORE CITY	Allega		MD.
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)								YPE OF WORK	or INDUSTR	RY			
13a. S1			ome or other ounty		13c. CITY	E BEFORE ADMISS OR TOWN Celey		13d. INSIDE CI YES 🗌	TY LIMITS?		Route 2			
14. FA	FIRST Winfield S. Bartlett IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Kathrene T. Ahern													
	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S	S. ARMED FO		16b. SOC	CIAL SECURIT	IY NO.	Mrs.			ADDRES	SS	.Va. Wif	e.
	18 CAUSE C	OF DEATH (Ente			far (a), (b)		corona	ary Oc					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		ns, if any, w	hich	DUE TO, OR A	AS A CON			ry Scl	erosi	s		377	Suaue	11
) stating the un	<	DUE TO, OR A	AS A CON						Half			
NOI	PART 2 OTHER SI	IGNIFICANT CONDIT	TIONS CONTRIBU	TING TO DEATH B	UT NOT RELA	TEO TO THE TERM	MINAL DISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a),				
CERTIFICATION	190. DATE OF	OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY?	NOX			
	UNDERLYING	AL CAUSE WAS			MONTH	DAY YEA		OW INJURY	OCCURRE	D (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
MEDICAL	21d. INJURY C WHILE AT WORK	- NOT MAINE	7.1	21e. PLACE O STREET, FACTO				LOCATION STREET CITY OR TOWN COUNT						STATE

THE RESIDENCE OF THE PROPERTY OF THE PARTY O				,,,,	
210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
ZIII. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STA
22a. I certify that I taak charge of the death resulted fram: Natural course	e remains described abave, held an ses Accident , Suici	Autopsy , Inspection	Undetermined manner	and in my apinian	
ACTUAL SIGNATURE BOULD	et Spitarel	Deputy	MEDICAL EXAMINER	DATE 5-16-19	279

EXAMINER'S NAME (TYPE OR PRINT) Dr. Benedict Skitarelic MD 23c. NAME OF CEMETERY OR CREMATORY 230.BURIAL, CREMATION, REMOVAL 23b. DATE

Cumberland Md. 23d. LOCATION

STATE

Burial May 20,1979 Ferncliff Cemetery 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

Springfield, Ohio 25a. DATE REC'D. BY REGISTRAR

AR'S SIGNATURE

CARRIED THE RESIDENCE		
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2 200	refeable femals	
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Carpor Carporation and Carpora	. Tourn M. Organiand. No.	

completely filled in by the fu ond 2 should be filed with:

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the bural-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

SCARPELLI FUNERAL HOME, 108 WIRGINIA AVE., CUMB. MD.

24. FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	9	-		U	J	J	0

FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGI	IENE REG. NO	79	-10	533
1. DECEASED NAME FIRST (TYPE OR PRINT) SYLVIA	AR BUTUS	BER	KEY	MAY 8, 19		YEAR	26 HOUR 1:35A _M
3. SEX Female	4. RACE White	Jan.	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INGER I YEAR	IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY O ALLEGAN			MD.
Cumberland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEART	HOSP I		(TYPE OF WORK FOR MOST OF HOUSE	WORKING LIFE)	126. KIND O INDUSTRY Home	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME COL 130 STATE 136 COU Maryland Al.	or other institution, give residence before into the control of th	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 235 Inde	pendenc	e St.	
14 FATHER'S NAME FIRST ISAAC H	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	etta nmn		LAST	T
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES)	CURITY NO.	Mrs. Mary Sc	haidt, Cumb		Daugh	ter
	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON (c) HSCV CONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERMI		DITION GIVEN	20. IN PART 110	yrs yr
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	TH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES		
TIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DID OR CONTRIBUTING CAUSE OR	NIII.	DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART 2	STATE
saw the deceased alive a	of view the body ofter deoth.	77,00	d that in (my) (ôur) opinion d DEGREE ATTENDING PHYSICIAN	, ta	·F	22c. DATE	
230. BURIAL, CREMATION, REMOVA	chiek		BMG -909 -B SE	TON DRIVE,		AND, M	1D. 21502
(SPECIFY) Burial	May 10,1979 F	airvie	w Cemetery	Artenas	Perine	JANIT A	DIAIE

BP DHMH - 16 50M 7/77

(VRA 15 (4))



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L. H. GLICK, N. D. THE-GOD-I SETON DRIVE, CHRISELAND, ND. 21502

Benial Lay M. L. Tellerben complexy Lay of the same, grand,

SCARPELLI FUNSRAL HONE, TOWNTAGINTA AVE., CON.

moy be ATTENDING PHYSICIAN: The lo etained by the hospital or attending physician.

the attending physicion and campletely filled in by the funeral di-remove corban popers. Pages 1 and 2 should be filed within 72 ho

notified at ance

medical

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. at Health and Mental Hygiene priar to burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INE

- STATE REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO "	0		
DECEASED NAME	FIRST	M	NIDDLE	Ł	AST	20. DATE OF DEATH		DAY	YEAR	2b. HOUR
LEW	VIS	EDV	VARD	В	LANK		05	11	79	5:5
SEX	4.1	RACE	EAT 7	5 DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR	IF UNDER 24
Male		Whit		Mar			32 YR	s.		
BIRTHPLACE (STATE OR FOR	REIGN 76.	CITIZEN OF V	VHAT COUNTRY	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	_		DEATH	
laryland		U.S		WIDOWE	DINORCED	ALLEGANY	COUN	1TY		
Cumberland	rH [11.		OSPITAL, NURSI HEART		AL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired	OF WORKING	G LIFE) IN	DUSTRY	ing Co
SUAL RESIDENCE (IF NURSIN	ISE COUNTY		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
/Id	Alleg		Cumber]		YES NO	424 N. I		nie	Stree	et
FATHER'S NAME	MIDE		LAST		15 MOTHER'S MAIDEN NA		-			
Samuel	Milit) LE	Blan	ık	Marv	MIDDLE			Sny	ler
WAS DECEASED EVER IN			166 SOCIAL SEC		17 INFORMANT	ADD	RESS. 11.	Col	imbi	Stre
(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	217-03-	1120	Mrs. Alberta				and.	
18 CAUSE OF DEATH					Ma, Albert	a onz	Cunt	BELL		MATE INTERVA
Conditions, if ony, gove rise to imme couse (o), stating	ediote the	(b)	AS A CONSEOU	F Y	pulmonas	edun	<i>c</i> .			
Conditions, if ony, gove rise to imme couse (a), stating underlying couse	ediote the s	(b) DUE TO, OR	A CONSEQU	F Y JENCE OF S	peelmonas - NOT RELATED TO THE TERM			GIVEN IN	V PART 110	3
Conditions, if ony, gove rise to imme couse (a), stating underlying couse	ediote the last IFICANT CON	(b) DUE TO, OR (c)	A S A CONSEOU A S S	DEATH BUT	5 -		NDITION (YES, WE	RE FINDIN	GS USED OF DEATH
Conditions, if ony, gove rise to imme couse (a), stating underlying couse PART 2. OTHER SIGNI 190 DATE OF OPERATI	ediote) the last IFICANT CON	DUE TO, OR (c) NDITIONS CO	A S A CONSEQUE A S S NTRIBUTING TO TION FOR WHICE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (20b IF IN CER	YES, WE RTIFYING YES [RE FINDING CAUSES	GS USED OF DEATH
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Conditions, if ony, gove rise to imme couse (a), stating underlying couse PART 2. OTHER SIGNI 196 DATE OF OPERATI 216. ACCIDENT WAS UNDE OR CONTRIBUTING AT WORLD 216. INJURY OCCURRE WHILE AT WORLD 226. I certify that (1) (1) sow the deceosed above. (1) (we) (di. 22b. SIGNATURE	IFICANT CON IFICA	DUE TO, OR (c) NDITIONS CO 19b CONDITIONS 21b. TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME, STRE	AS A CONSEQUAL SOLUTION FOR WHICH	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET 214. 19. 7. 9 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY ORT CITY ORT ADDICAL ST DIRECTOR PHYS	20b IF IN CER IURY IN ITEM I	YES, WE RTIFYING YES 18, PARTIC	RE FINDING CAUSES DRPART 2) OUNTY I from the	STAT
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Conditions, if ony, gove rise to imme couse 10°, stating underlying couse PART 2. OTHER SIGNI 19°. DATE OF OPERATI 21°. ACCIDENT WAS UNDE OR CONTRIBUTING CARROLL INJURY OCCURRE WHILE NOTHEY MEDICAL 22°. I certify that (1) (1) sow the decease above, (1) (1/4) (2°. SIGNATURE 22°. SIGNATURE 22°. PHYSICIAN'S NAME URIEL VE	IFICANT CON IFICA	DUE TO, OR (c) NDITIONS CO 19b CONDITIONS 21b. TIME OF HOUR A.A. 21e PLACE C (AT HOME, STRE ottended the liew the body of the condition	AS A CONSEOU. A - S INTRIBUTING TO TION FOR WHICH FINJURY A. OF INJURY deceosed from other death. 19 23c.	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 19.79 10 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS SETON DRIVE	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY ORT A TO COUNTY OF THE COUNTY OF TH	20b IF IN CER INCER OWN AFF ICIAN ND,	YES, WE RTIFY INC. YES 18. PARTIC	RE FINDING CAUSES DR PART 2) OUNTY From the 21502	STATE

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

Burial May 14,79 St. Patrick's C
24 FUNERAL DIRECTOR 215 UZ
SILCOX MERRITT FUNERALHOME, CUMBERLAND, MD.

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BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR					FICATE OF DEATH	REC	G. NO.		
	1 DE	CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEAT			26 HOUR
	(ON TRIBUTY	ROBERT	ΓΕ	3.	BLOS	S	MAY	14,	1979	8:05P
	3 SE)	Male		4 RACE Whit	e	MONT	DF BIRTH	6. AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 74 HR
,	C	RTHPLACE (STATE C		76 CITIZEN OF		TRY? 8.	D NEVER MARRIED	9 BALTIMORE CIT	Y OR CO		
0	10 CI	Vest Virg TY OR TOWN OF I CUMBERLA	EATH		HOSPITAL, NI	JRSING HOME (STREET ADDRESS) TOSPIT	OR OTHER INSTITUTION	12a. USUAL OCCU (TYPE OF WORK FOR MI	PATION		of Business C
38	13a S	AL RESIDENCE (IF NOTATE Maryland	13b. COUL		GIVE RESIDENCE	TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗋	13e STREET ADDRE		ıp St.	
111			hn C.		LAS	1000		aret Bran		LA:	51
1		VAS DECEASED EV (ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES		SECURITY NO.	Mrs. Bonnie	Bloss, C			Wife
		Canditions, if a		((b)_	R AS A CONS	SEOUENCE OF				35 25	10.00
	NO	gove rise to cause (a), sto underlying ca	immediate ating the use last.	DUE TO, O	r as a cons	SEQUENCE OF	NOT RELATED TO THE TERM	IIN AL DISEASE OR C	CONDITION	N GIVEN IN PART 1	a)
2	TIFICATION	gove rise to cause (a), sto underlying ca	immediate oting the use last.	DUE TO, O	R AS A CONS	SEQUENCE OF	NOT RELATED TO THE TERM	20g AUTOPSY?	20b. IN C	IF YES, WERE FIND II	NGS USED
29	CAL CERTIFICATION	gove rise to cause (a), strunderlying ca	IMMEDIATE USE Last. IGNIFICANT RATION UNDERLYING [CAUSE OF DE	DUE TO, O TC) CONDITIONS CO 196 COND 198 COND ATH ATH HOUR A	R AS A CONS	SEQUENCE OF		20a AUTOPSY?	20b. IN C	IF YES, WERE FIND II ERTIFYING CAUSES YES	NGS USED OF DEATH?
29	MEDICAL CERTIFICATION	gove rise to cause (a), stunderlying ca underlying ca 19 a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MI 21d INJURY OCC WHILE NO	mmediote poining the poining t	DUE TO, O CONDITIONS CO 19b COND 21b. TIME CO HOUR AA P 21e PLACE	ONTRIBUTING ITION FOR W OF INJURY M. MONTH M. OF INJURY	SEQUENCE OF	ON WAS PERFORMED	200 AUTOPSY? YES NO NO NED (ENTER NATURE OF	20b. IN C	IF YES, WERE FIND II ERTIFYING CAUSES YES	NGS USED OF DEATH?
29		gove rise to cause (a), strunderlying ca PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (LIF EITHER, NOTIFY MI 21d. IN JURY OCC ATWORK NOTIFY MI 22a.1 certify that	mmediote pring the pring t	DUE TO, O TC) CONDITIONS CO 19b COND 19b COND ATH HOUR A.) P. 21e PLACE (AT HOME, ST	ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, O	TO DEATH BUT HICH OPERATIO J DAY YEAR 19 FFICE, FARM, ETC.)	216 HOW INJURY OCCUR	208 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IN C INJURY IN ITE	IF YES, WERE FIND II SERTIFYING CAUSES YES M 18, PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
2 9		gove rise to cause (al, strunderlying ca PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [LIF EITHER, NOTIFY MI] 21d. INJURY OCC WHILE NOTIFY MI 22a. I certify that sow the decrepoble, (1) (3) 22b. SIGNATURE	mmediote bring the bring t	DUE TO, O TC) CONDITIONS CO 19b COND 19b COND 19b COND 21b. TIME C HOUR A 1) P 21e PLACE (ATHOME, ST ital) attended th	ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, O	TO DEATH BUT HICH OPERATIO J DAY YEAR 19 FFICE, FARM, ETC.)	216 HOW INJURY OCCUR 211. LOCATION STREET 1 79 19 nd that in (my) (og.) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF CITY O deoth occurred on the	IN C IN JURY IN ITE	IF YES, WERE FIND II ERTIFYING CAUSES YES M 18, PART 1 OR PART 2) COUNTY d hour and from the	NGS USED OF DEATH? NO STATE that (I) causes stated SIGNED
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8:056	MAY 14, 1979	S	e. BLOS	ROBERT
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IMPORTANT: IF

1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	TENE REG. NO	. 79	-10) 5 3 6
	CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA		26. HOUR
,,,,,	ROBERI	Th	IOMAS	B)BO		05 1	6 79	3:30
3. SE	× MALE	A RACE WHITE		S. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		OF DEATH	٨
	ITY OR TOWN OF DEATH JMBERLAND		HOSPITAL, NURSIN HEACHITY GIVESTREET SHANOR		OR OTHER INSTITUTION NG HOME	120 USUAL OCCUPATION Ret. Carmo	WORKING LIFE)	INDUSTRY	d. Rwy.
13a.	AL RESIDENCE (IF HURSING HOME OR STATE 136 COUN ALI		GIVE RESIDENCE BEFORE 130 CITY OF TOW CUMBERL		134 INSIDE CITY LIMITS?	130 SIREET ADDRESS	ulley R	Rd.	
14. 5	ATHER'S NAME FIRST ROBERT Le	KIDDLE	tast BOBO		ANGELINE	WIDDLE	200	HALTE	RMAN
(WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	705-10-		17 INFORMANT EDITH BOBO	ADDRE RT. #8	SS Box CUMBER	RLAND,	
	18 CAUSE OF DEATH lenter onl PART I. DEATH WAS CAUSE! IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.	D BY E CAUSE (0) DUE TO, O		INOM ENCE OF	A 2 2	-10ER		SET WEEN	XMATE INTERVAL 1 ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES,	WERE FINDING CAUSE	
DICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	Р.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T I OR PART 2)	
18	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				

WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on

Wayne George 202 Greene St. Cumberland, Md.

above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

77L DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

915

21502 SETON DRIVE, CUMBERLAND, ND

230. BURIAL, CREMATION, REMOVAL 23b. DATE 5/19/79 Burial

226 SIGNATUR

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Zion Memorial Cemetery Nr.

DEGREE

Cumberland, Allegany Md.

Eintry McCreed

BP.

TO FUNERAL DIRECTOR. After this certificate hos beshould be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

OR ATTENDING

TO HOSPITAL

retained by the hospital or

DHMH - 16 50M 7/77 (VR A 15 (4))

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20212 258 21502	diac il To	705-10-7511		,011

Exect 5/19/22 Constant Constant Constant, Contracting Manual Ed. 1100 Process St. 1100 Proc

MD. 21201	ATH. IF ANY DELAY IS NECESS	1, 2, AND 3 TO THE FUNERA	PM 3. RETAIN PAGE 5 FOR	D 2 SHOULD BE FILED, WITHIN	VITAL RECORDS, 301 W. PRES	30 00	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	SE EXECUTED WITHIN 24 HOURS AFTER DI	DING" IN PENCIL IN ITEM 18 GIVE PAGE	EDICAL EXAMINER ALONG WITH FORM	S A BURIAL-TRANSIT PERMIT. PAGES 1 AI	TH AND MENTAL HYGIENE, DIVISION OF		
DIVISION OF VITAL REC	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS	execute the certificate, writing the word "pending" in Pencil in Item 18. Give Pages 1, 2, and 3 to the Funera	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W_PRES	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
	TO MED	EXECUTE	PAGE 4	TO FUN	AFTER DU	BALTIMO	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	-7	0	- 1	0	100	0	
DEC	No	U -		11	7	.5	

		REGISTRAR		MED	DICAL	EXAMIN	IER'S	CERTIFI	CATE	OF DE	ATH REG	NO. 0	- 1	053	7
Ī		E OR PRINT)	E FIRST	THE STATE OF	MIDDLE		154	LAST			20. DATE KNOW	A D W	D HINC	AY YEAR	2b. HOUR
	(,,,,	CORTRIVIO	John	n I.	B	reighn	er				OF ESTI- DEATH MATED		5-28	1979	3A M
3	. SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE		NDER 1 YR.		R 24 HRS.	2c. DATE	MÓ		AY YEAR	2d. HOUR
	M	ale	White	June 11,	1899	79 Y	RS. MON	THS DAYS	HOURS	MIN	PRONOUNCED DE AD	May	28	19 79	11A _M
7		RTHPLACE (S		76. CITIZEN OF WH	AT COUN	TRY?	8. MARE	RIED NE	VER MAR	RIED 🗍	9. BALTIMORE CIT	Y OR CO	DUNTY C		
0	M	arylan	d	USA			WIDOV		DIVOR	-	Allegan	У			MD
	0. CI	Y OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NU	RSING HOM	E, OR OTI	HER INSTITU	TION		UAL OCCUPATION MOST OF WORKING LIFE)	(TYPE OF W	ORK 12b.	KIND OF BU	ISINESS
0		Cumber:		Queen Ci	ty To	owers,		a St.			tired Pip		ter	Railr	
U	IŠUA 30. S1	L RESIDENCE	(IF IN NURSING HOME (OR OTHER INSTITUTION, GIV		OR TOWN	ION)	134 INSIDE C	ITY I IMITCO		REET ADDRESS				000
	Md			egany		berland	d	YES X	NO [aca St.				
ī	4. FA	THER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIL	DEN NAM	MIDDLE			LAST	
11			artin L.	Breighner		1031]	Mary	Bloom			LASI	
7 1	60. W	AS DECEASE	D EVER IN U.S. AR	MED FORCES?	16b. SOC	TAL SECURIT	Y NO.	17. INFOR			ADDR	ESS			
1		no	(11 123, 5112	WAR ON DATEO				Mr.	Ray	I. B	reighner,	Rid	gele	y, W. Va	.Son
		18 CAUSE O PART I DE	F DEATH (Enter an	ly ane cause per line l D BY:	ar (a), (b)	, and (c).)	Cor	conary	Occ.	lusio	n			APPROXIMATE BETWEEN ONSET	AND DEATH
		1110	IMMEDIA	DUE TO, OR	S A CON	ISEQUENICE.		-						sudd	en
		Canditia	ns, if any, which	DOE 10, OK /	43 A CON	SEQUENCE		lamana	. D.	-7					
			se ta immediate stating the under-	DUE TO, OR A	S 4 CON	ISEQUENCE.		orona	ry S	стего	SIS				
		lying cau		DOE TO, OR	AS A CON	SEGUENCE	OF								
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	IT NOT BELA	TEO TO THE TERM	UNIAL OICEA	T AB CONOUTIO	N ADDRES AND						
	Z		onitions conditions	CONTRIDUTING TO GEATTI	JI NOI KELA	TEO TO THE TERM	INAL UISEA:	DE ON COMOUND	N GIVEN IN I	AKI 1 (a).					
-	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITI	ONFOR	WHICH OPER	ATION V	VAS PERFOR	MED?				12	0. AUTOPSY?	
de	FIC												1	YES 🗆	NO KT
7	ERT	21a EXTERNA	AL CAUSE WAS	21b. TIME OF			21c. H	OW INJURY	OCCURR	ED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1	OR PART 2)	152 []	NO [A]
7		UNDERLYING	OR NG CAUSE OF	THE PARTY OF THE P	MONTH	DAY YEAR	2								
	MEDICAL	21d INTURY	CCURRED	21e PLACE O	FINJURY	19 (AT HOME,		CATION							
	X	WHILE AT WORK	NOT WHILE C	STREET, FACTO	DRY, FARM, E1	rc.)		STREET			CITY OR TOWN		COUNTY		STATE
				60						an 🔼	[37]				19.0
		death resulte		e af the remains descral causes X,			Autap	1	Inspecti		Inquiry (1),	and in n	ny apinia	n	
		death resulte	ed fram: Natu	al causes [2],	Accident	L., Su	icide	, Hamie		Undet	ermined manner	١,			
	54	ACTUAL SIGNATURE	190,00	det	bita	200.	-1.	Dep	PECIFY)				ATE &	5-28-19	סמס
		SIGNATURE			- Land			V.D	<u> </u>	MED	ICAL EXAMINER	S	IGNED_)-20-I	9/9
2		EXAMINER'S TYPE OR PRIN	NAME Dr.	Benedict S	Skita	relic	MD	ADDRESS_	Cun	berla	and, Md.				
2.	3a.BU	RIAL, CREMAT	TION, REMOVAL 2	3b. DATE	23c. N	AME OF CE	METERY C			23d, LC	CATION				
	(SF	Burial	L	5-31-1979	Hi	llcres	t Bu	rial 1	Park	CITY	umberland	. A7	COUNTY	st.	ATE
2	4. FU	NERAL DIREC		ADDRESS						REC'D. BY	REGISTRAR 256. R	EGISTRA	R'S SIGN	ATURE	
		Jan	nes F. Sc	arpelli, (umbe	rland,	Md.			JUN	4 1979	The	itry	Mach	woly

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND

	STATE REGISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICATE C	F DEA	TH REG	5. NO.	9 -	1053	8
	CEASED NAM	E FIRS	T	MIDDLE		LAST	2	OF KNOW	N X	нгиом	DAYX YEAR	26. HOUR
(177)	E OR PRINT;		JOHN	I	BRIN	ER		OF ESTI-		X S	5-161979	11p ~
3. SEX		4 RACE	S. DATE OF BIRTH	YEAR LAST B		JNDER 1 YR. IF UNDER		C. DATE	,	HTMON	DAY YEAR	2d. HOUR
M	lale	White	6-9-27	52	YRS.	NTHS DAYS HOURS		PRONOUNCED DEAD		16-7		11p /
	RTHPLACE (S		76 CITIZEN OF WE	HAT COUNTRY?	8. MAI	RIED X NEVER MARR	IED 🗆	9. BALTIMORE CI	TY OR	COUN	TY OF DEATH	-24 3
	Pennsy	lvania		USA		WED DIVORC		ALLE				MD
10. C1	TY OR TOWN	OF DEATH		PITAL, NURSING H		THER INSTITUTION	FORM	AL OCCUPATION)		OR INDUS	USINESS IRY
-	MBERLA		SACRED	HEART HO	SPITA	L DOA	Ord	ained Mi	nis	ter	Assemb	ly
130 S	TATE	13b. CC	OME OR OTHER INSTITUTION, GI	13c. CITY OR TOV	/N	13d INSIDE CITY LIMITS?	13e STRE	ET ADDRESS			404 011	ar on
	Maryla		llegany	Cumber]	and	YES NO	- X	13 McGi	11_	Driv	ve	
14 FA	ATHER'S NAM FIRST	-	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE			LAST	
	VAS DESERVA		a D. Briner	16b. SOCIAL SEC	UNITY ALC	17. INFORMANT	Gr	ace Mitc				
	ES. NO, OR UNKN	OWN) (IF YES,	. ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SEC	UKIIT NO.							
	no					Mrs. Nan	cy Br	iner, Gu	mber	clar	d. Wife	T last CBV AL
1		DF DEATH (Ente	er only ane couse per line USED BY:	for (a), (b), and (c).		nary Throm	haada	, left			BETWEEN ONS	ET AND DEATH
	11/10-	IMME	DIATE CAUSE (o)			naly Intom	DOSTS	, Terr	110	_	stidde	:II
	Condition	ons, if ony, w		AS A CONSEQUEN		oronary sc	10000	10				
	gave r	ise to immed	diate (b)			oronary sc	Teros	12		-		
	lying co	o) stating the <u>ur</u> use last.	DUE TO, OR	AS A CONSEQUEN	ICE OF							
	2127 2 271152	AND COLUMN COLUMN	(c)									
z	PARI Z UINEK	IGNIFICANT CONOI	TIONS CONTRIBUTING TO GEATH	BUT NOT KELATED TO THE	TERMINAL OISI	ASE OR CONDITION GIVEN IN PA	AKI 1 (d).					
CERTIFICATION	19n DATE O	FOPERATION	TION CONDI	TION FOR WHICH (PERATION	WAS PERFORMED?			-	-	20 AUTOPSY	12
FICA	I.W. DAIL O	O ENATION V	170. COND	norvior vinen	51 210 1101	VIVO I EIN GINNED !					YES X	NO 🗆
ERTI	21a. EXTERN	AL CAUSE WA	S 21b. TIME OF	F INJURY	21c.	HOW INJURY OCCURR	ED (ENTER N	IATURE OF INJURY IN ITE	EM 18 PAR	RT 1 OR PA		NO
	UNDERLYIN			M. MONTH DAY	YEAR							
MEDICAL	214 INTITIRY	OCCURRED	21¢ PLACE (OF INJURY (AT HO)		LOCATION						
ME	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	193	STREET		CITY OR TOWN		СО	YINU	STATE
						Ø₹	VV	₩₩		-		
153	F. 075 1172		harge of the remains des		Г		XX _{nc}	Inquiry XX	ond	in my of	pinion	
	death recul	ted from:	Natural causes XX.	Accident .	Suicide		Undete	ermined monner [
10	gedin reson	-			,	TITLE (SPECIFY)						
	ACTUAL	B	1 +1	0-1	1	Denuty				DATE	5-16-	70
		Bene	diets	letare	lec	Deputy	MEDI	ICAL EXAMINER		DATE	5-16-	79
	ACTUAL SIGNATUR		diet Skita						a ww			79
73a R	ACTUAL SIGNATUR	NAME Ben	edict Skita	relic, M.	D.	ADDRESS R. #9,	Cumbe	rland, M	ary	land	21502	
230.B	ACTUAL SIGNATUR	NAME Ben	AL 23b. DATE	relic, M.	D.	ADDRESS R. #9,	Cumbe	rland, M		land	L 21502	STATE
24. F	ACTUAL SIGNATURE (TYPE OR PROPERTIES OF PROP	ATION, REMOVIAL	AL 23b. DATE	relic, M. 23c. NAME O	D. CEMETERY Memo	ADDRESS R. #9,	Cumbe	rland, M		land	L 21502	STATE

DHMH · 17 (VR A15 ME (5)) 15M 7/76

Make Shire , 5-9-21 25-16-79 Time the country of t Lower Control of Contr Coronary Shromboats lait withdow continue actoronia 10elS brolynel Sendredmid 89.8 intered a final property of the property of the property of the party of the party

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TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			FICATE OF DEATH		REG. NO.	9-105	539
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20 DAT	TE OF DEATH MONTH	DAY YEAR	26 HOUR
		STER M.	BROS	KI	MAY	4, 1979		9:20Am
	3 SEX	4 RACE	5. DATE			(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ì	Male	Whit	te Jan	12, 1913	AR	66 yrs.	MONTHS DAYS	HOURS MIN
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT	COUNTRY? 8	D X NEVER MARRIE	9 BALT	IMORE CITY OR COUNT		
9	Penna.	U.S.A.	WIDOW			Allegany (County	MD.
0	10 CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPIT.	AL, NURSING HOME (OR OTHER INSTITUTIO	IZE UST	UAL OCCUPATION WORK FOR MOST OF WORKING L	IFE) INDUSTRY	F BUSINESS OR
/		OTHER INICTITUTION CIVE DES	MEMO	KIAL		Supervisor		
5	USUAL RESIDENCE (IF NURSING JOME OR 130 STATE COUN Maryland Garr		eHenry	13d INSIDE CITY LIM YES NO [AITS? 13e STR	REET ADDRESS MCHE Marsh Hill F	enry, Md Road	21 541
1	14 FATHER'S NAME FIRST	AIDDLE	LAST	15 MOTHER'S MAID		MIDDLE	LAS	1
4	Stanley 160 WAS DECEASED EVER IN U.S. AR/		roski	Ma	0		Not Know	
þ		WAR OR DATES)	B-09-1306	Helen R.	Wife: Broski	Marsh Hi		id. 21541
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COURT 190. DATE OF OPERATION	onditions <u>contrib</u>	consequence of				(a	
1	TIFIC				YES	IN CERT	IFÝING CAUSES	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	ONTH DAY YEAR 19		OCCURRED (ENT	TER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did not 22b. SIGNATURE	5/3	19 29	DEGREE ATTEND	DING MEDI		ur and from the	
7	726 PHYSICIAN'S NAME LIVE OF	tery		100 1000500		TOR PHYSICIAN	2/7	///
	DR. RIAZ JA		5			AL MEDICAL AND, MD.	BUILDÍ 21502	NG
	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CREMA	TORY 23d. L	LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	May 7 197	9 Holy R	osary Ceme		Baltimore		rland
	24 FUNERAL DIRECTOR NAME Leonard J. F	luck, Inc.	ADDRESS Baltimore	2	MAY 7	BY REGISTRAR 25b. Reg	TRANS SIGNAT	resoly

BP. DHMH-16 50M 7/77

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or Item 18 shows any injury, or other traumatic event, the medical examin

IMPORTANT: If Item 21 is

Leonard J. Ruck, Inc.

must be

(VR A 15 (4))

CUMBERLAND - HERORIAL - HERORIAL SCHOOLING DESCRIPTION

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Devis . Ha . Vance on the country of

MENGELAL MEDICAL SUITEDING

CUMBERLAME, MD. 21502

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CHESTER M. PROSKI ... YAY W. 1979 ... MY 93729HD

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DR. KIAZ JANGUA

ALTON S

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Leafur Committee Committee Committee Committee Committee

Laborard J. Hurk, Inc. Laletangro, 119.

24 hours ofter TENDING PHYSICIAN: The low etained by the hospital or attending physician.

inding physicion and completely filled in by the funeral carbonpopers. Pages 1 and 2 should be filed within 72 is

injury, or other troumatic event, the

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attendir should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

MPORTANI. If them 21 is morked or them 18 shows ony

STATE OF MARYLAND FOR - STATE

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Home

Funeral

Sowers

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

79-10540

	REGISTRAR				CERTIF	ICATE OF L	KAIN		REG. I	NO.	9	, ,	
1 DE	CEASED NAME	FIRST		MIODLE		LAST		20 DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	and the state of t	CHARL	ES	Т.	В	URCH		MAY	30,	1979)		3.550
3. SE)	(4. RACE		5. DATE O			6. AGE (IN	YEARS LAST BI	RTHDAY)	IF UNE	DER I YEAR	IF UNDER 24 HRS
	Male		Whi	te	1 2	16	YEAR	78			MONTH	S CAYS	HOURS MIN
	RTHPLACE STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		-	+	ORE, CITY	OR COUN	TY OF D	EATH	
CC	W. Va		U.S.A		MARRIE	D NEVER A	ARRIED W		allo	ann	4.4		
10 CI	TY OR TOWN C	OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a. USUAL	OCCUPA	71041	100	KINDC	OF BUSINESS OR
CI	JMBERL.	AND	MEMO!	TAL HOS	ADDRESS)	1		(TYPE OF WO	RK FOR MOST	of working	LIFE) IN	DUSTRY	0028
USUA	AL RESIDENCE	IF NURSING HOME O	R OTHER INSTITUTION	, GIVE RESIDENCE BEFORE		· <u>L</u>			iontr	acto	P	1 10	5013
13a. S	TATE	13b COU		13c. CITY OR TOW		13d. INSIDE C		13e. STREET					
14. FA	THER'S NAME	AL	Legany	Frost	Durg	YES MOTHER'S	MAIDEN NA	61 MF	Vic	tori	a	ane	
	FIRST		MIDDLE	LAST			FIRST		MIDDLE			LAS	
6- 14		tham .	THE PODGES	Burch			ather	ine	400	2556			rick
(Y	ES, NO OR UNKNOV	EVER IN U.S. AR	E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17. INFORMA	NT		ADDI	ESS Fr	ost	bur	g, Md;
P	Vo			214-07-	9393	Joy	ce Co	nnor	61	Vict	ori	a L	ane
	18 CAUSE OF	DEATH (Enter or	nly one cause per	line far (a), (b), an	d (c)		,					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI, DEA	ATH WAS CAUSE	TE CAUSE (a).	& ram	· w	salino	ST	acter	erni	a			
	401	week.	DUE TO O	R ASA CONSEQUE	ENICO OF	1 1	0	193777	nni				
7	Conditions, if	any which	1 00000	1617	PALL	11 /2	lio 1	LANDEINA	10/10/10	a	.413		
	gove rise to	immediate	1 (0)	1)	7,000	~ ~	1	- Cut			-		
	underlying		DUE TO, O	R AS A CONSEQUE	ENCE OF								
	DADI O OTHE	D C I C L I	10_										
Z	PART 2 OTHER	K SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEAS	SE OR COM	NDITION G	IVEN IN	PART 110	91
ATIC	19a, DATE OF O	PERATION	TIBL COND	ITION FOR WHICH	OPERATIO	NI MAKA C DE DECO	DATED	200 AUT	OBCV2	Tank IE VI	CC MARK	E FINID *	NGS USED
CERTIFICATION	IN. DAIL OF C	EKATION	178. COND	HON TOR WHICH	OFERATIO	IN WAS FERFO	KWED	200 AUT	OF31?	IN CERT	IFYING	CAUSES	OF DEATH?
ET	n) ACCIDENT		2 24 7/45 0	5 (1.11.18)/		Tax		YES	NO		ES 🗌		NO 🗆
	210. ACCIDENT W	G CAUSE OF DE	216. TIME C HOUR A.	M. MONTH DA	AY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER N.	ATURE OF INJI	URY IN ITEM 18	PART 1 O	RPART 2)	
S	(IF EITHER, NOTIFY	MEDICAL EXAMINER		M.	19								
MEDICAL	21d. INJURY O		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ABAA EYC \	21f. LOCATIO	N	100	CITY OR TO	VA/N	co	YINU	STATE
>	AT WORK	AT WORK	(Al trome, Sir	RELI, FACTORI, OFFICE, F	ARM, ETC.)	J. M. L.			CITORIO	WIN	-	OINTI	SIAIE
	22a I certify th	not (I) (this hospi	ital) attended th	e deceased from_	3	-27	19 27	to _		-30	19	79	that (I) (we) last
	saw the d	eceased alive on	5-	30 107	99 . or	d that in (my)	(our) opinion o	deoth occurre	ed on the c	date and ho	our and		
	22b. SIONATUR		at) view the bady	atter death.		DEGREE						2c DATE	
	11 1	11/-		(/_		A.A A	TTENDING _	MEDICAL			1		
3	224 PHYSICIAL	Y'S NAME (TYPE O	nesh,	1		220 ADDRES	HYSICIAN V						31-79
0	- 1			24225		ZZe ADDRES	MEMO	RIAL					
	DR. F	ROBUSTI	IANO J.					ERLAN	ID, M	ID. 2	150	2	
Je. B	URIAL CREMAT	ION, REMOVAL	73b. DATE	23c N	NAME OF C	EMETERY OR C	REMATORY	734. LOC	ATION		CONNE	4	STATE
100	Buris	1	May	31,1979	Fro	stburg	Mem.	100		burg	4 44	leg	
4. FU	NERAL DIRECTI	Theby!	Lower	/down	1			REC'D BY		25h, REGA	FAR'S	SIGNAT	192
8	owers	Funer	A Home	60 W.	ain	ST Fr	nethin	DIN 9	13/3	P	2	Jones	recessing

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL

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	a can				THE PERSON NO.	

EL ROSUSTIANO J. BARRENA

Buriel Pardisona Lame American Portioned Manager Margarithm

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FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR LAST 2n DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE [TYPE OR PRINT] MAY 2 MARGARET 1979 BURKETT RACE 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY Female White Feb. 21, 1937 42 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky Allegany ISA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE MEMOR TYPESTETOS TITAL CUMBERLAND Waitress USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. Allegany Cumberland 208 Glenn St. YES X NOF 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Herbert Bryant FIRST 0 Marie Harris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Gerald Burkett, Cumberland, Md. Husband no physici 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 0 AS A CONSEQUENCE OF colongroler Iman Conditions, if ony, which gove rise to immediate couse (o), stoting the OR AS A CONSEQUENCE OF othe underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Sign CERTIFICATION 2 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION D per YES [] NOF buriol-tronsit | sho 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION 0 STREET CITY OR TOWN the bond AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE Heolth o 22a. J certify that (1) (this bospital) attended the deceased from DIRECTOR: hospital sow the deceased olive on, of in (my) tour) opinion death occurred on the date and hour and from the causes stated obove, (I) (we did) (did not) view the body ofter weath be detoched te Stote Dept 22b. SIGNATURE DEGRE ATTENDING MEDICAL STAFF + FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN ORTANT

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

24 FUNERAL DIRECTOR

NAME

DR. RICHARD L. SNIDER

23b. DATE

May 4,1979

James F. Scarpelli, Cumberland, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Restlawn Mem. Gardens

MEMORIAL MEDICAL

23d LOCATION

LaVale

MD

CUMBERI AND.

2h HOUR

HOURS

12b. KIND OF BUSINESS OR

Restaurant

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Menikes

NO F

STATE

STATE

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

BLDG.

21502

Allegany, Ma DY BY RELE BIRAR 256. REGENAR SELENATURE

27r. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

MONTHS

DHMH - 16 50M 7/77 (VR A 15 (4))

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James F.Scarreclit, Cambardand, Mc.

DHMH - 17 (VR A15 ME(5)) 15M 7/76

	1-9	FOR STATE			EPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H CERTIFICATE O		TU		
	1. DEC	REGISTRAR CEASED NAMI E OR PRINT)		lenry W.	MIDDLE	IER 3 C	LAST	T DEA	REG. NO. 7 0 20 DATE KNOWN MONTH OF ESTI- DEATH MATED May	11 19 79 12a	5
1	3. SEX		4. RACE White	5. DATE OF BIRTH MONTH DAY Feb. 27,1	YEAR 6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDER	24 HRS.	PRONOUNCED May 11	19 79 12a	5
5	FOR	RTHPLACE (STREET COUNTRY) Pennsy	lvania	76. CITIZEN OF WH,	AT COUNTRY?	B. MARRI WIDOW	NEVER MARRI	ED 🗆	9. BALTIMORE CITY OR COUNT	TY OF DEATH	D.
0	Cu	mberla:	nd	(# NOT IN SUCH FACE	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) rial Hospi	tal	ER INSTITUTION	FOR /	UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) tired Agent	12b. KIND OF BUSINESS OR INDUSTRY Insurance	
5	130. ST		(IF IN NURSING HOME O 13b. COUN' Alleg	TY	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Cumberlance		13d INSIDE CITY LIMITS? YES X NO	13e. STR	307 Race St.		
1		THER'S NAME	Thomas C	-	LAST		15. MOTHER'S MAIDE		eth Alcock	LAST	
1	16a W (YE	AS DECEASE S, NO, OR UNKNO Yes	DEVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	Mrs. Cla	ra Ca	ampbell, Cumber	land. Wife	
		III. CAUSE O PART I DE	ATH WAS CAUSED	TE CAUSE (a)	Carcino		sis,Genera			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1
		gave ri	ns, if any, which se to immediate stating the under-	(b)	Carcino Carcin	oma o	f the Pros	tate		l year	
	33	lying cau	ese last.	(c)			E OR CONDITION GIVEN IN PA	PT 1 (a)			=
	MOIT	Section 2	OPERATION		ON FOR WHICH OPER			KT T (Q),		20. AUTOPSY?	
2	CERTIFICATION		AL CAUSE WAS	21b. TIME OF				D stages	NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO X	
3	CAL	UNDERLYING	OR NG CAUSE OF D	HOUR A.M.	MONTH DAY YEA	R	CATION	D TEINTER	NATURE OF INJURTIN HEM TO PART T OR PA	ri «J	
	MEC		NOT WHILE C		DRY, FARM, ETC.)		TREET			UNTY STATE	
		22a. I certi death result		e af the remains descral causes ,		Autop	sy , Inspection		Imquiry , and in my ap termined manner ,	oinian	
		ACTUAL SIGNATURE	Beno	diets	ketare	Dich	Deputy	MED	DATE SIGNER SIGNER	5-11-1979	
2		EXAMINER'S (TYPE OR PRII	NAME Dr. H	Benedict S	kitarelic	MD	ADDRESS Cumb	erla	ind, Md.		

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236 NAME OF CEMETERY OR CREMATORY May 14,1979 St. Marys Cemetery

24 FUNERAL DIRECTOR

23d LOCATION COUNTY Cumberland, Allegany, Md. 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR REGISTRAR AND AUTO-

James F. Scarpelli, Cumberland, Md

24 68 1 - 24 - 2 an in the state of the state of Male and the color of the color ARI - annowing and - * enderson for the literal for the first for t .A control of the same of the are the dealers of the long and the land and the Correlmonates, journal linguist and accompany ter, marginer that the transfer of the contract of the contrac The Committee Committee Control of the Control of t

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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10543

REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	10.			
DECEASED NAME	FIRST		MIDDLE	1	AST	2	O. DATE OF DEATH	MONTH	DAY YEAR	2h HOU	JR
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SEX	4	RACE		5 DATE C			AGE (IN YEARS LAST BIR		IF UNDER I YEA	R FUNDER	
Female		White	9	Feb		98	81 yrs.	YRS	MONTHS DAY	S HOURS	MIN
BIRTHPLACE (STATE ORF	OREIGN 71	CITIZENOF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRI	IED []	BALTIMORE CITY	OR COUNT	Y OF DEATH		
COUNTRY)	. MD	U.S.		WIDOWE	DIVORC	ED 🗆	A11	egany	,		MD
CITY OR TOWN OF DE.	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTE		20 USUAL OCCUPAT		12b. KIND INDUSTR	OF BUSINE	SSOR
Frostburg		rostbur	g Commun	ity Ho	ospital		HSWFIE		Own I		
SUAL RESIDENCE (IF NUR 30 STATE	1136 COUNT	Υ	113c CITY OR TOW	N	134 INSIDE CITY LIA	MITS?	3e. STREET ADDRESS				
Md.	Garr	ett	Frostb	urg	YES NO		Rt. 2 Bo	x 428			
FATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE			AST	
George			Minni		Lil	ly			Rosenbu	ırger	
(YES, NO OR UNKNOWN)	IN U.S. ARM		166 SOCIAL SECU		17 INFORMANT		ADDR	ESS			
No			217-30-1	552	Genevie	ve W	ilhelm,	Meye:	esdale	Pa Pa	
18 CAUSE OF DEAT PART I. DEATH V	TH Enter only	one couse per	line for (o), b), on	dic	F. 23				BETWEE	NIMATE INTER	DEATH
TAKE I DEATH	IMMEDIATE		congest	ive He	eart Failu	ıre			12 h	irs.	
4292		DUE TO, OI	AHCVD SEOUE	NCE OF					00	0.1	
Conditions, if ony		(b)	AUCAD						20)	rs ??	
couse of, state underlying couse	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
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	one	ONDITIONS <u>CC</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	IDITION G	IVEN IN PART	110	
S 19g DATE OF OPERA		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USE	D
None							YES NOV		IFYING CAUSE	S OF DEAT	
None 21a. ACCIDENT WAS UN	DERLYING T	21b. TIME O	FINJURY		21c. HOW INJURY	OCCURRED	YES NOW			_)
OR CONTRIBUTION	CAUSE OF DEATH		M. MONTH DA								
(IF EN ERMOTIFY MEDIC		21e PLACE		19	211. LOCATION						
WHILE AT WORK WIND WIN	HILE	(AT HOME, STR	PEET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WH	COUNTY	ST	TATE
220 I certify that (I		l ottended the	e deceased from	June	19	68			1979	that (I) (we) lost
sow the deceas	ed olive on_	30	May 19	79, or	nd that in (my) (our)	opinion de	oth occurred on the d	lote and ha	our and from th	ie couses sta	oted
obove, (I) (we) (22b. SIGNATURE	didi (did not)	view the body	after death	12	DEGRIE	52.00			22c. DA1	TE SIGNED	
Mitan	11181	1100	CINCE	2	ATTEN	DING	MEDICAL STA	FF CIAN [05/	30/79	,
22d. PHYSICIAN'S	AME (TYPE OR P	PRINT)	- LAC CE-	_	22e ADDRESS	CIAIS W	DIRECTOR DITTOR	C121.	1 03/	AU// 9	
Martin M	. Roths	stein M	.D.		48 Broad	lway -	Frostburg	a. Md	. 21532	,	
a. BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMA		23d. LOCATION	33 114			
Burial		Junel	1979 F	inzel	Cemeter	rv	Finzel	Gar	rett.	Md.	ATE
FUNERAL DIRECTOR							REC'D. BY REGISTRAR				0
Durst	Funer	al How	ADDRESS	thun	c Md.		JUN 5	1979	profes	7/200	Green

Frostburg

DHMH - 16 50M 1/76 (VR A 15 (4))

Durst Funeral Home,

TO FUNERAL DIRECTOR

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Burtal June, 1979 Pinnel Constant Final, Garrebs, Ed. Little control to the Land Control of the Land

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	- STATE REGISTRAR		DEFARIN		ICATE OF DEATH	PIENE	REG. NO. 7	9-1	05	44
1. Di	CEASED NAME FIRST	HIDEA	II.	1	AST	In DATE OF			AR	25 HOUR
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1 58	Female	Whi	te	Apr	DAY YEAR	A AGE INVEA	AS LAST BRIDGIAY)	MONTHS I		# UNCES 24 HEL HOURS MH.
Ja B	ERTHPLACE INTATE OFFICIENA COUNTRY Md	L CITIZEN OF WHA	. A.	MARRIE WIDOWS	D DNORCED		llegany	ITY OF DEAT	н	
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130.			CITY OR TOWN	N.		IJe STREET A	Detmo:	ld St	ree	et
14. F	William	H.	Jones		Emily	ME	- HOOM	Perry	TAST	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 186.	SOCIAL SECUI	RITY NO.	"Lindley Dy	te A	onaconi	ng, M	d.	
CERTIFICATION	Conditions, if any, which gove rise to immediate course of stating the underlying course last. PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION				7	IT A COMMANDISEASE	OR CONDITION O	GIVEN IN PAI	INDING	GS USED
RTE							NON	YES [NO 🗌
	CR CONTRIBUTING C CAUTE OF DEA	The second secon	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (EHTER NATI	HE OF POURT IN THE A L	R FART CORPAR	11.25	
MEDICAL	WHILE HOT WHILE HAT WORK	21s. PRACE OF II (AT HOME, STREET,)	NJURY PACTORY, OFFICE FI	M	THE LOCATION	n	1000 16	COUPHY 199		WATE
1	270.7 certify the (I). (this hospital the obtained olive or others) (die) (did) (did no	144412	death.	1144	d that in (my) (our) opinion (to	on the date and h	19 //		hat (1) (we) las auses stated
	224 PHYSICAN'S NAME (THE O	my n	N LINE	75	27+ ADDRESS MEMO		MEDICAL, MD.	BUIL	2	YG
23u.	BURIAL SEMATION TEMOVAL	5/19/		aure	EMETERY OR CREMATORY 1 Hill Ceme	tery 1	IOWH:	A.		Md
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	deat	ation,
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	O HOSPITAL CANTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after debuilings 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified of once.

with the State Dept. at Health and mentor raygions processed and the state of the medical examination of the medical examination

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEKTIFIC	AIE OF DEAT	n	REG. N	0. 1	1 - 1	UJ	4 3	
I. DECEASED NAME FIRST	MIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR	p
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3. SEX	4 RACE	5. DATE OF E	BIRTH		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDE		IF UNDER 2	_
Male	White	MONTH 12	29	O7		71 YRS	MONTHS	DAYS	HOURS	MIN
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED (NEVER MARRI		BALTIMORE CITY C		TY OF DE	ATH		MD
Cumberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES LIONS Manor I	Surer ADDRESSI Sursing Ho	OTHER INSTITUTE	ON	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	F WORKING	LIFE) IND	KIND O USTRY	F BUSINES	S OR
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL			INSIDECITY LIV		13. STREET ADDRESS County H	lome				
14 FATHER'S NAME FIRST Robert	MIDDLE LAST	som	MOTHER'S MAIL FIRST Alver		MIDDLE		Ri	cha:		
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)	IVE WAR OR DATES]		INFORMANT	VOV.	Addr Avalon Mano		agers		MATE INTERV	
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								NGS USED	
FE					YES NO	4	TIFY ING C	AUSES	OF DEATH	13
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 214. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this has, saw the deceased alive a	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC. 2 TOM 19 Grant 19 Grant 19	II LOCATION STREET	· · · · · · · · · · · · · · · · · · ·	CITY OR TO	RY IN ITEM 10	cou	NTY om the	STA'	e) last
22d PHYSICIAN'S NAME ITTER liichael W.	Montgome M.	7	ADDRESS	ICIAN [MEDICAL STA	CIAN	nd, l	5/11	1/19 21502	2
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	5-18-1979	23c NAME OF CEM Greenmo			23d LOCATION CITY OR TOWN		COUNTY		state	E

DHMH-16 20M (VRA 15, 4) 7/7B

James F. Scarpelli, Cumberland, Md.

BP.

DHMH - 17 (VR A15 ME (5)) 15M7/77

STATE OF MARYLAND

DEPARTMENT C	F HEALTH AND MENTA	L HYGIENE				great		
DICAL EXAM	INER'S CERTIFICATE	E OF DEATH	7	GEG. NO.	0	5	4	t
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]-	FOR STATE			EPARTMENT OF				-7 0	105	46	
		REGISTRAR CEASED NA	ME FIRST		MIDDLE	TER 3	LAST		20. DATE KNOWN	NO. U U	DAY YEAR	Zb HOUR
	(TYPE	E OR PRINT)	JOH	N B	rown	ELL	IOTT		OF ESTI- DEATH MATED		11-179	
	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	IDER 1 YR. TIE UND	ER 24 HRS.	2c. DATE	MONTH	DAY YEAR	5"30pm
	M:	ale	White	10-19-31		RS.	DAYS HOURS		PRONOUNCED	5_	11-79	5:30p
12	7a BII	RTHPLACE		76. CITIZEN OF WHA		10	ED XX NEVER MA	DDIED 🗆	9. BALTIMORE CIT			<u> </u>
0	roi	MARY	LAND	USA		WIDOW		RCED	A11	egany		MD.
	10 CI	TY OR TOWN	OF DEATH		TAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. USU	AL OCCUPATION	TYPE OF WORK	12b. KIND OF BU	JSINESS
94		mber1a		Sacred H	eart Hosp	ital-	DOA	975.000 0	INCIPAL		And the same of th	SCHOO!
5	13a. S1	TATE	13b COUN		13FROSTBURG	3	138. INSIDE CITY LIMITS	_	ET ADDRESS			
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10	J	OHN		MIDOLE	ELLIOTT		BERTHA		WIDDIE	TIT	ADLEY	
1	16a. W	AS DECEAS	ED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	TY NO.	17 INFORMANT	1	ADDRE	SSFROS		MD.
4	(YE	YES	5/22	/53.0/56	217-30-	1623	MRS. JO	OHN B.			WRIGHT	ST.
		Canditi gave cause (i lying co	ans, if any, which rise to immediate a) stating the <u>under-</u> ause last.	DUE TO, OR AS	S A CONSEQUENCE	ORONA OF	RY SCLER	OSIS	LEFT	Su	BETWEEN ONSE STOP E	
	CERTIFICATION	19a. DATE C	OF OPERATION	19b. CONDITIC	ON FOR WHICH OPE	ration w	AS PERFORMED?				20. AUTOPSY	
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3	CALC	UNDERLYIN	IG OR	HOUR A.M.	MONTH DAY YEA		JW INJUNT OCCUR	KED (ENTERIN	ATORE OF INJURY IN TIEM	10 PART 1 OR PAR	1 2)	
	MEDIC		OCCURRED OCCURRED		INJURY (AT HOME. LY, FARM, ETC.)		CATION		CITY OR TOWN	con	NTY	STATE
			tify that I taak charg Ited fram: Natur Benel	e of the remains descri		Autap	Hamicide TITLE (SPECIFY) Deputy		Inquiry T	and in my opi	5-11-7	9
2	6	EXAMINER'S	SNAME	1 . 01 1 .	11 11 -		- "-				LIPE TE	
_				ict Skitar					rland, Ma	ryland		
	(5)	PECIFY)	ATION, REMOVAL 2		23c. NAME OF CE			CITY	CATION	COUN	10-21	TATE
		INTAI INERAL DIRE NAME Sower	STOP!	5/14/79 Sowey L HOME, 60	FRAGE				ROSTBURG REGISTRAR 256. RE 171979		- Allen 11	MD.

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should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked ar Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	79-105	47
	1. DECEASED NAME FIRST	WIDDIE	l	AST		MONTH DAY YEAR	P 26 HOUR
	HAROL	D D.	E	MCH	MAY	30,1979	10:55A
	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
	Male	White	Jui	y 13 1916	62	YRS.	
F	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	U.S.A.	MARRIE WIDOWE	NEVER MARRIED		or county of DEATH	H MD.
2	CUMBERLAND	III. NAME OF HOSPITAL, NURSIN			TYPE PE WORK FOR MOST		D OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE EGANY LONGCOM		13d. INSIDE CITY LIMITS?	13. STREE PORTEGE	ast Main S	Street
C	Dallas	MIDDLE Ench		Carrie	WE	Wilso	o n i
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU SWAR ORDATES)	RITY NO.	Mrs.Mary I	Louise Em		ning,Md
	Conditions, if any, which gave rise to immediate cooke for stating the underlying cause lost PART 2. OTHER SIGNIFICANT INC. DATE CIF OPERATION 21s. ACCERNITIVAS UNDERSTRING	DUE TO, OR AT ONSE IN THE TO TO TO THE CONDITION FOR WHICH	DEATH BUT	TOTAL TELEPORT TO THE TERMINAL WAS PERFORMED	INAL DISEASE OR CON	DITION GIVEN IN PART	IDINGS USED
6	H 31s ACCEPAT WAS UNDERLYING T	T 21h TIME OF INJURY		TIL HOW INJURY OCCURR	YES NO	YES 🗌	NO []
ĺ	CR COMPRISHED TO CARROLINE		AY YEAR		Will () () () () () () () () () (
	THE ETHER NOTHY MEDICAL EXAMINER THE INJURY OCCURRED WHAT IN CORE	IT PLACE OF INJURY (AT NOW, STREET, FACTORY, OFFICE, F	Me	211 LOCATION STREET	Ma.	20 90	STATE
	22s.1 certify that (1) his hosp taw object of the district of the 22s. SIGNATURE 2	Lami	4 0	dithat in (my) (our) opinion d	death occurred on the d	12c D	the course stated
1	DR. ANTHON	JE WILLING	25	274 ADDRESS MEMO CUMB	RIAL MEDI ERLAND, M	CAL BUILD	ING
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 2/79 123C. M	emori	EMETERY OR CREMATORY	Frostbu	0	Mđ^1E
	24 FUNERAL DIRECTOR Eirchhorn Fun	eral Home ADDRETO	nacor	ning, id 250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAS SIGN	ATURE Brady

BP. DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has be-

PHYSICIAN: The attending physicion

ENDING or

retained by the haspital TO HOSPITAL

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TENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, I should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	NO.	1	0	5	4	8
R	EG.	NO.					

1	REGISTRAR				EKINICALE .	DI DEATH	REG. NO).			
	DECEASED NAME	FIRST	MIE	DDLE	LAST		20. DATE OF DEATH	AONTH E	DAY YEAR	26 HOU	IR
L	[TYPE OR PRINT]	Otie	н.	Fa	zenbake	r	0:	5-15-7	79	2:2	25am
	3. SEX	2.5	4 RACE	5.	DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER	24 HRS
١	Female	75.80	White	3.25F	10-24-		85	YRS.	MONTHS DATS	HOOKS	Mile
ľ	OUNTRY	OREIGN	76 CITIZEN OF W	HAT COUNTRY? 8		VER MARRIED	9 BALTIMORE CITY OF		OF DEATH		
1	West Virgi	nia	USA		IDOWED .	DIVORCED [Allegany (County	У		MD.
	Cumberland	ATH		DSPITAL, NURSING H FACILITY, GIVE STREET ADDR red Heart	OME OR OTHER		128. USUAL OCCUPATION TYPE OF WORK FOR MOST OF		126. KIND C INDUSTRY OWN F		SS OR
t	USUAL RESIDENCE HE NUR	SING HOME OR	OTHER INSTITUTION, G						10 1122 -	-01110	_
ď	13a STATE	136 COUN	TY	3c. CITY OR TOWN	13d. INS	DE CITY LIMITS?	811 Geph	art	Drive		
	Maryland A FATHER'S NAME	ATTE	gany	Cumberla		HER'S MAIDEN NAM	/*,	CL C	DITAC		
Į,	FIRST	N	NIDDLE	LAST		FIRST	MIDDLE		Whi	1-0	
4	Isaac	INTER AR	ED CORCECO L	Haines		berta	ADDRES	c c	AATIT	Le	
I	YES, NO OR UNKNOWN)		WAR OR DATES	66 SOCIAL SECURITY						a	Mal
L	No		2	14-05-52	:0919 Ga	rnett E.	Fazenbak	er,c			
I	18 CAUSE OF DEAT			ne far (a), (b), and (c)	1	1			BETWEEN	MATE INTER	DEATH
1	PARTI DEATH V		E CAUSE (a)	Condiac	AVI	ext					
1	410-		DUE TO OR	AS A CONSEQUENCE	FOF						
1	Conditions, if any	, which	(b)	Dr. te	Coran	rases O	colusion				
ı	gave rise to im	mediote	3	100000	- 05		,				
1	underlying caus		DUE TO, OR	ASA CONSEQUENCE	. 1/0	tic He	aut dis	101			
1	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CON	11111111	1 ()	ATED TO THE TERMI	INAL DISEASE OR COND	ITION GIV	EN IN PART 10	(1)	
1		ngest	tive b	Le xust	Lalle	u.	THE DISEASE ON COINS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1	190 DATE OF OPERA	TION	196 CONDITI	ON FOR WHICH OPE	RATION WAS P	ERFORMED	20a AUTOPSY?		, WERE FINDI		
I	Ĭ.						YES T NOT	IN CERTIF	YING CAUSES	NO T	
1	190 DATE OF OPERA	DERLYING	216. TIME OF			W INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, P.	ART I OR PART 2)		
1	OR COLUMNIA TIME		HOUR A.M		YEAR						
1	(IF EITHER, NOTIFY MEDICAL STATE OF CONTRIBUTING)		21e PLACE OF	FINJURY	21f. LOC	ATION			-	-	_
1		HILE	I AT HOME, STREE	T, FACTORY, OFFICE, FARM,	ETC.) S'	TREET	CITY OR TOW	4	COUNTY	ST	ATE
1	220.1 certify that (I		al) attached the	deserved from		10 7 2			1070	46 - 4 - 45 - 6	laux
١	sow the deceo		May	15 19 76	2 and that in	(my) (eve) opinion d	, to leath accurred on the do	te and hou	, ,	that (I) (a	,
ı	abave, (1) (we) (did) (did not	view the body at	ter death.		(my root ropinion o		10 010 11001			Jied -
ı	226. SIGNATURE	111	1111	Nu	DEGREE	ATTENDING	MEDICAL STAF	F	22c. DATE	SIGNED	1-1
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	W.	HI.	JAK			709 A	Seton	DVI	ill		
T	230 BURIAL, CREMATION	REMOVAL	236 DATE	23c NAM	E OF CEMETERY	OR CREMATORY	23d LOCATION		COUNTY	STA	ATE
	Burial		May 17	7.1979Hi	llcrest	Burial	Cumberlar	nd.Al			
1	24 FUNERAL DIRECTOR		7				REC'D. BY REGISTRAR				-
	Kight Fun	eral	Home, Ci	umberlanc	d. Md.	MAY O	1 1070	istory,	McCro	dy	
L						FRAI	17/7			1	

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR STATE	
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CTATE OF MARVIAND

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	REGISTRAR CEASED NAM PE OR PRINT)	E FIRST	WE	MIODIE MIODIE	INEK'S	LAST		20. DATE KNOWN	. 7 Q .	- DAY YEAR	Vb. HOUR
(11)	PE OK PRINT)	ELSI	E	FREIDA	F	ICKENSCHER		OF ESTI-	5	18 19 79	17 M
3. SE	X	4 RACE	S DATE OF BIRTH	YEAR LAST BIR	NYEARS IF U	NDER 1 YR. IF UNDE	R 24 HRS.	2c. DATE	HTMOM	DAY YEAR	24 HOUR
F	emale	White	July 22		YRS.	THS DAYS HOURS	MIN	PRONOUNCED DEAD	5 :	18 1979	AM
7 n B		TATE OR	76 CITIZEN OF W	HAT COUNTRY?	T.R.	RIED NEVER MAR	RIEO T	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
	ew York		U.S.	A.		WED X DIVOR			AT	legany	MD
-	ITY OR TOWN		11. NAME OF HO	SPITAL, NURSING HO		HER INSTITUTION		IAL OCCUPATION (TYPE		12b KIND OF BUS OR INDUSTR	
C	umberla	und	508 Sh	river Aven	1110			Housekeeper			
13a. S	TYLAND ATHER'S NAM	136 COUN A11		13c. CITY OR TOWN Cumberla	N	13d. INSIDE CITY LIMITS? YES NO L	50	EET ADDRESS 8 Shriver A	yenu	LAST	
		eriek	John G.	Schumach		Frei	da			UNK	
160.	WAS DECEASE YES, NO OR UNKNI	D EVER IN U.S. AR	MED FORCES?	214-74-6		Mrs. Rie	hard l	Hobrock		Shriver berland.	Ave
	gave r	ons, if any, which ise to immediate o) stating the <u>under</u> use last.	(b)	r as a Consequenc		ary Selere	sis				
z	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).				
ATIO	190. DATE O	FOPERATION	196. COND	ITION FOR WHICH O	PERATION	WAS PERFORMED?	100			20. AUTOPSY?	
F										YES 🗆	NO IX
MEDICAL CERTIFICATION	UNDERLYING	ING CAUSE OF		M. MONTH DAY Y	EAR	OW INJURY OCCUR	RED (ENTERN	NATURE OF INJURY IN ITEM 18 P	ART 1 OR PAI	RT 2)	
MEDI	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME CTORY, FARM, ETC.)	E. 21f. LC	STREET	+ 1 - 14%. P	CITY OR TOWN	cou	UNTY	STATE
	220. I cert		ge of the remains durol couses ,	Accident .	Suicide	psy , Inspect	ion X,	Inquiry X one	d in my op	vinion	
	ACTUAL SIGNATURE	Bene	dict.	Skitar	elie	Deputy	MED	ICAL EXAMINER	DATE	May 18	,1979
	EXAMINER'S (TYPE OR PR		NEDICT SK	ITARELIC	M.D.	ADDRESS_CUM	BERLA	ND. MARYLAN	D		

BENEDICT SKITARELIC (TYPE OR PRINT)

236 NAME OF CEMETERY OR CREMATORY

CUMBERIAND, MARYLAND 23d. LOCATION

STATE COUNTY

230.BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial

May 22,1979 Greenlawn Burial Estates

Estates Butler
258. DATE REC'D. BY REGISTRAR

Butler Penna

DHMH-17 (VR A15 ME (5)) 15M 7/76

24. FUNERAL DIRECTOR

404 Decatur Bt Silcox-Merritt Funeral Service. Cumberland, Md

DE 27 BL 2 HERMANIA AND MAINING STATE 17: 22 1 57 13: 1901 10 119 DIS CCI r ver river 20 11.101 nr and lear lear an וירו פ com seici of Tolia 27/- 1/2 25. 10 25. 1000 ronar, celinien orece to manage -5 CHAITEAN COMMITTEES CO. C. C. C. C. LAND D. C. C. riging to the results of the results one tolde).(cause t of lost of the same of the silar of

PHYSICIAN. The

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3. SE

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the funeral director, page 3 d within 72 hours after death

completely filled in by the 1 and 2 should be filed

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please unal, cr

physician

offending

etained by the haspital or

HOSPITAL

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marked or Item 18

IMPORTANT: If hem

230. BURIAL, CREMATION, REMOVA

to b

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pri

FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLA	MENTAL HYG	IENE	REG. NO.	79	- 1	0 5	50	
CEASED NAME	FIRST	۸	MIDDLE	l	AST	3500	20. DATE	or beatter	NTH DA			26 HOL	
CORPRINT)	Willia	m Ro	bert	F	ooten)5 (07	79	6:	:05
Х		4 RACE		S. DATE C		UP A D	6 AGE (IN	YEARS LAST BIRTHD	-	FUNDERI	_	IF UNDER	
Male		Whi	te	11	22	1926		52	YRS.	ONTHS	DAYS	HOURS	MIN.
IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED (X	9 BALTIM	ORE CITY OR	COUNTY	OF DEAT	Н	300	
MD		US	SA	WIDOWE		VORCED [Alle	gany			MI
ity or town of imberlan		(# NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AS Manor No	ADDRESS)		TITUTION	(TYPE OF WO	COCCUPATION ORK FOR MOST OF W rtender				BUSINI	ESS OF
AL RESIDENCE (# STATE Md.	136. COU		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Western	N	13d INSIDE C	ITY LIMITS?	13e. STREE 316	t address Hammon o	d Str	eet			
James		MIDDLE	Footen			MAIDEN NAM		WIDDLE			LAST		
WAS DECEASED E		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS				32	
Yes	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 11111 31 31123)	215-20-	5204	Neva	Lupton	, 316	Hammond	d St.	, We	ste	rnpo	ort
	TH WAS CAUS	EĎ BY: TE CAUSE (0)	line for Longo and	am	rom	cell	car	cenor	na	BETY	PPROXIM WEEN OI	ATE INTE	PEATH
Conditions, if gove rise to cause (a), s underlying c	immediate	DUE TO, OI	R AS A CONSEQUE	NCE OF	VK	ply	146	In Se	nus			95	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES [NO YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (I) (this haspital ottended the deceased from saw the deceased alive on abave, (I) (we) (did) (did not view the bady after death and that in (my) (aur) opinian death occurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE 22e ADDRESS 915 Seton Dr., Cumberland, Md. Gary Wagoner, M. D.

231. NAME OF CEMETERY OR CREMATORY

Philos

Boals Funeral Service Westernport, Md.

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SCHAPURE

Westernport Allegany Md.

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DHMH - 16 50M 7/77 (VR A 15 (4))

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n signed by the attending physician and completely filled in by the funeral direct. Then please remave carbonpapers. Pages 1 and 2 shauld be filed within 72 hauss.

injury, or other troumotic event, th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. should be detached for use as the burial transit permit. Then please remaye carbonpapes with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal. IMPORTANT: If them 21 is marked ar tiem 18 shaws any injury, ar other traumatic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

1479

JUN 5

	REGISTRAR		CI	ERTIFIC	ATE OF DEATH	REG. NO	19-	- 103))
	DECEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
i	Fran	cis	B. F	rank	enberry	May	30	1979	1:45 PM
	3 SEX	4 RACE	5.1	MONTH	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTH		NTHS DAYS	IF UNDER 24 HRS
	Male	White	8	July	04 4044	67 yrs.	YRS	JNINS DATS	HOURS MANY
1	To. BIRTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY? 8	ARRIED [NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
þ	Md.	U.S.A	· WI	DOWER	DIVORCED [Allegan	У		MD.
	10 CITY OR TOWN OF DEATH	/ IF NOT IN ST	HOSPITAL, NURSING H	ESS)		12a. USUAL OCCUPATION	WORKING LIFE	INDUSTRY	OF BUSINESS OR
	Foostburg	Frostb	urg Communit	y Ho	spital	Retired S	pinne	r Tex	xtile
1	USUAL RESIDENCE (IF NURSING HON 130 STATE 130 AT	ne or other institution of the country legany	130 CITY OR TOWN Mt. Savac	(ISSION)		13e STREET ADDRESS			
2	14 FATHER'S NAME	regany	Mt. Savag		ES NO D	P.O.Box 40	3 Col	umbia	St.
	FIRST	WIDDLE	LAST	13	MOTHER'S MAIDEN NAM	WIDDLE		LA	ST
U	Samue1		Frankenberry		Maryett	ADDRE:	I	ashl	еуни
		GIVE WAR OR DATES)			INFORMANT			~	24.0
	No		214-07-470	8 1	Irs. Alda I	effenbaug	h, Mt		
	18 CAUSE OF DEATH Ente							BETWEEN	ONSET AND DEATH
		DIATE CAUSE (a)_	Adenocarcin	ioma_	of Sigmoid Co	olon		6 mos	3
	1533	DUE TO,	OR AS A CONSEQUENCE	OF				799	
	Canditians, if any, which						V H		
	cause a, stating the	DUE TO,	OR AS A CONSEQUENCE	OF					
	underlying cause last	(c)_							
	PART 2 OTHER SIGNIFICAN			H BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVE	V IN PART 1	la '
	Bilateral B						756		
	Bilateral Biling DATE OF OPERATION 05/02/79		DITION FOR WHICH OPE			200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDS	NGS USED S OF DEATH?
4	<u>E</u> 05/02/79		ocarcin/oma			YES NOX	YES		NO 🗌
Ĭ	OR COMPRESSED TO CAUSE OF		OF INJURY A.M. MONTH DAY	YEAR 2	1c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	IN ITEM 18, PAR	T 1 OR PART 2)	
	OR CONTIBATING CAUSE OF	NER)	P.M.	19					
	(IF EITHER ROTHY MEDICAL EXAM)		OF INJURY		II. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	* WHILE AT WORK AHILE							1.30	
	220.1 certify that (1) (this ha	20 1		may	. 1978	to 30 May	, 19	79	that (i) (we) last
	saw the deceased alive	an 30 M		and t	hat in (my) (aur) apinian d	eath accurred an the da	te and haur o	and from the	causes stated
	22b. SIGNATURE	111	1	DE	GREE			22t. DATE	SIGNED
	Martin	Merote	ist sur	,	ATTENDING PHYSICIAN	MEDICAL STAF		05/3	20/70
	22d. PHYSICIAN'S NAME (TY	the state of the s		2	2e ADDRESS			00/0	0/15
	Martin M.	Rothstec	n M.D.		48 Broadway	- Frostburg	Md.	21532	10
	230. BURIAL, CREMATION, REMOV	VAL 236 DATE	23c. NAM	E OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OF TOWN			
İ	Burial	June	2.179 RAS	t. T.s	wn Mem. Go		e. A	llega:	nt. Md.

Purst Funeral Home, Frostburg, Md.

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

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Allegary Allegary Recognition of the Allegary Continued						
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No. 18 Augustin Maryatta Marya	Lidzek gorin					
No. 18. According to the contract of the contr		A 100 A				
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					official and	
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TENDING PHYSICIAN The lo offending physicion.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnitial should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10552

	REGISTRAR		CERTIFIC	CAIL OI DEA	• • •	R	REG. NO.		
	CEASED NAME FIRST	WIDOLE	L/	AST		DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
1177	GEORG	E W.	GALLIHER	2		MAY	31, 19	79	2:00R
3 SE	X	4 RACE	S. DATE O			, AGE (IN YEARS I	LAST BIRTHDAY	IF UNDER 1 YEA	
	Male	White	Marc	h 13, 18	96	83	YR	MONTHS DAYS	HOURS MIN
7a. B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8	NEVER MARK	9	BALTIMORE	CITY OR COUN	ITY OF DEATH	
	est Virginia	USA	WIDOWE	D DIVOR	CED 🗆		llegany		MD.
C	CUMBERLAND	MEMORITA	L HOSP I T			20. USUAL OCC TYPE OF WORK FOR Retire		LIFE) INDUSTR'	of Business or Lroad
130		VITY 13c. CITY C		13d. INSIDE CITY L' YES 🛣 NO			Fort A	/e.	
	Samuel	Galliher	AST	15. MOTHER'S MA FIRST	IDEN NAME	Ellen F		t	AST
160 \		E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT			ADDRESS		
	Yes War	· I		Mr. Leon	nard (alliher	c, Cumbe		Son
	Conditions, if ony, which gove rise to immediate cause (o), stoling the underlying cause lost	DUE TO, OR AS A COL	NSEQUENCE OF	WIAL TO Me Boonchi	tast	atre		nig	
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION FOR				200. AUTOPSY	? 20b. IF	YES, WERE FIND	INGS USED
] Ħ						YES NO	D IN CER	TIFYING CAUSE YES [S OF DEATH?
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY	OCCURREI	D (ENTER NATURE	OF INJURY IN ITEM	8, PART I OR PART 2}	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.)	21f LOCATION STREET		спу	ORTOWN	COUNTY	STATE
	220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	(/ a . /	1979 /00	2 3 -, 19 d that in (pry) (our)	opinion de	, to oth occurred on	the date and I	nour and from the	, that µr(we) last e causes stated
	22b. SIGNATURE	Snell	LO 7	DEGREE ATTEN	IDING ICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN []	22c. DAT	3/79
	DR. A.S. N	With the same of t			EMOR I	IAL MEI	DICAL	BLDG.	1
23a. E	Burial, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6-3-1979		st Buria	ATORY	23d LOCATIO	erland,	Allega	ny, Md.
24 FU	James F.	Scarpelli,	Cumberlan	d, Md.	250, DATE R	REC'D. BY REGIS		ISTRAR'S SIGNA	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



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	SRIAL MEDICAL BLD SERLAND, MD. 2150	MEM			DR. A.S.
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requires that the death

TENDING PHYSICIAN: The low or offending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, pai should be detached for use as the burial-transit permit. Then please remove corbanapopers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MAPORIANT: If them 21 is marked or them 18 shows any injury, an other traumatic event, the medical examiner must be gatified at ance.

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injury, ar other troumatic event, the medical exam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10553

	1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYC	GIENE REG. N	79-	105	53
	I DEC		FIRST		MIDDLE	- 1	AST	20 DATE OF DEATH		YEAR	26 HOUR
	(TYPE	OR PRINT)	BOYD	В.	GA	RLAND		MAY 13,	1979		2:15Pm
	3, SE)	K .	4 R	RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		Male		White		Apri	27, 1887	92	YRS.	NTHS DAYS	HOURS MIN
	7a. BII	RTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
H	W	est Virgini	a	USA		WIDOWE		Allegany	r		MD.
C	10 CI	TY OR TOWN OF DEAT			HOSPITAL, NU H FACILITY, GIVES		IAL	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY Tire	F BUSINESS OR
5	13a S Ma		G HOME OR OTH 3b. COUNTY Allega	er institution,	GIVE RESIDENCE 13c. CITY OR Cumber	TOWN	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS Route 4,	Mexic	o Farm	S
-	14 FA	THER'S NAME FIRST Olive	r B. MIDD	arlan	d LAST		IS MOTHER'S MAIDEN NA	la Chaney		EAS	r
1		VAS DECEASED EVER IN	U.S. ARME			SECURITY NO.	17 INFORMANT	ADDRE	SS		
		no	a 125, 5172 17A		217-10	0-7361	Mrs. Gertie	Teeter, Cum	berland	d, Daug	hter
		18 CAUSE OF DEATH	Enter only o							APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WA	MEDIATE C	AUSE (a)	Chroni	ic Puln	nonary Disea	ase with			
		4272	Ch	reni	ASTA BORS	POUR REPORT	ractory Hea	art Failur	9	12 :	months
		Conditions, if ony, a	which	(b)	Far A	Advance	d Arterios				
		cause (a), stating underlying cause	the 1	DUE TO, OI	R AS A CONS	EQUENCE OF	Vascu.	lar Di ssas	Θ	Yea	rs
	NO	PART 2 OTHER SIGNI	FICANT CON	DITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	11
2	CERTIFICATION	19a DATE OF OPERATION	NC	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFY IN	NG CAUSES	
1		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A P.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	il Giller
	MEDICAL	21d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK	E	21e PLACE ((AT HOME, STR		FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	1	22a.1 certify that (I) (t				79	sd that in (my) (W) opinion	to May 13 death occurred on the de	19 ate and hour a		that (I) (watast
		274. SIGNATURE	Me	ulle	h	A POP		MEDICAL STA	TAN []	22c. DATE	-15-79
		DR. G. O			RIGHT			3 VIRGINIA MBERLAND,		1502	
	(5	BURIAL, CREMATION, RE SPECIFY) Burial	MOVAL 2	lay 16	,1979		emetery or crematory lem.Cemetery	23d LOCATION CITYOR TOWN Cumberlan	d, Alle		
	24 FL	JNERAL DIRECTOR	F. Sca	rpell:	i, Com	berland,	Md. ZSa. DAT	21 1979	251 REGISTRA	R'S SIGNATI	JRE Ly

DHMH - 16 50M 7/77 (VRA 15(4))

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BP.

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	TENDING	or use as the	? I is marke
	AL OR AI	At DIRECT detoched for one Dept. o	T: If hem 2
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haun after death. Fage of	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely little: it by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filted within 72 haun and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or ather traumotic event, the medical exominer must be notified at ance.

e notified at ance.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	7	9	-	1	0	5	5	4
r.,	NO							

	REGISTRAR			EKTITICATE	OI PLAIII	R	EG. NO.		
	ECEASED NAME FIRST	MIDE	DLE	LAST		20. DATE OF DE	HTHOM HTA	DAY YEAR	26 HOUR
(,,,,	MEL	VIN U	J. GAR	VINE		MAY :	27, 197	9	6:25Pm
3. SE	EX	4. RACE	5	DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	#FUNDER I YEAR	IF UNDER 24 HRS
	Male	White			20, 1900	78	YRS.	MONTHS DATS	HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	ADDIED TO NE	VER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
7	Penna.	U.S.A	. w	IDOWED [DIVORCED [Allega	ny		MD.
10 0	ITY OR TOWN OF DEATH		SPITAL, NURSING H		INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING L	12b. KIND O	F BUSINESS OR
	CUMBERLAND	MEMORI	AL HOSP	ITAL		Cler			y Express
USU 13 ₀ .	JAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADM		IDE CITY LIMITS?	13e, STREET ADD	RESS		
	Md. Alle		Cumberland	YES 5	NO 🗌	220 Ce	celia Si		
14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOT	HER'S MAIDEN NAM		DDLE	LAS	
	William		arvine		Anna			Urey	
1 6a.	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SOCIAL SECURITY	NO. 17. INFO	RMANT		ADDRESS		
L	No ·		705-01-66	51 Mrs.	Gertrude	Garvine	220 Ce		
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per line	e for (o), (b), and (c)		۸ .			BETWEEN	MATE INTERVAL DISET AND DEATH
		TE CAUSE (D)	Corc	uiou	212060				
	185-	DUE TO, OR A	S A CONSEQUENCE	E OF	0	1	111		
	Conditions, if ony, which	(b)	Cana	war	tos	MUSS	2xo		
	gove rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSEQUENCE	E OF				1 (3)	
100	underlying couse lost.	(c)							
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	INAL DISEASE OF	CONDITION GI	VEN IN PART 110) 1
CERTIFICATION	Chron	ice Con	gredici	e We	V how	arlun	£ .		
NO.	190 DATE OF OPERATION	1% CONDITIO	ON FOR WHICH OPE	RATION WAS P	ERFORMED	200 AUTOPSY	? 20b. IF YE	S, WERE FINDIN	OF DEATH?
1 2						YES NO	7	ES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF IN HOUR A.M.		YEAR 216 HO	W INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M.		19	A LEGITIME				
MED	21d INJURY OCCURRED	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM,		TREET	cm	ORTOWN	COUNTY	STATE
	AT WORK LAT WORK						0.0	13.6	
13	220 I certify that (I) (this hospi	6. 3	eceased from	4.26	19 12 4	, to	571	. 1	that (I) (we) last
	obove, (I) (we) (did) (did no	t view the body oft	er death.		(my) (our) opinion o	geoth occurred on	the dote and ho		
	228. SIGNATURE	0		DEGREE	ATTENDING	MEDICAL	STAFF	22c. DATE :	SIGNED
-	1 Ch Plea	0 ² ~	auce,	40		DIRECTOR F	PHYSICIAN [5/3	979
	22d. PHYSICIAN'S NAME (TYPE O			22e'AD	441	NORTH C	ENTRE :	STREET	
-	DR. WILLIAM					ERLAND,	MD. 2	1502	
23a	BURIAL, CREMATION, REMOVAL				OR CREMATORY	23d LOCATIO	VN _	COUNTY	STATE
21.	Burial	May 29,			emorial G		erland	Allegan	
	UNERAL DIRECTOR	n Din	4Q4 Decat		250. DATE	REC'D. BY REGIS	Let	TRAR'S SIGNATI	77
51	.lcox-Merritt Fu	at. Dir.	Cumberlar	nd, Md.	M	W1 27 13	13	7	7

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) illian (Arvino na Perunia 220 Georgia L. Terillian na Perunia 220 Georgia L. Companyo (Arvino
And Andrew Domestal

OR. WILLIAM P. IAMES CUNBERLAND, MD. 21502

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completely filled in by the funeral 1 and 2 should be filed within 72 h nding physicia TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal. TENDING PHYSICIAN: The

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10555

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1000
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MARIE		GIBBS	MAY 22	,1979 9:15A M
3. SEX FEMALE	4. RACE WHITE	FEB. 20, 1907	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY	Y OF DEATH
CUMBERLAND	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL MEMORIAL HO	OSPITAL	120 USUAL OCCUPATION UTATE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	FE) 126 KIND OF BUSINESS OR INDUSTRY HOME
USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	13d. INSIDE CITY LIMITS?	13e. STREET, ADDRESS Qube	c Avenue
14 FATHER'S NAME FIRST William	MIDDLE LAST	Nancy McGi	nnes	LAST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECUR 214-05-44	2 3 11 3	er Cumberla	and, Maryland
	DUE TO, OR AS A CONSEQUEN	EMORRHAGE		
underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 110
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
0.000		YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
OR COUNTREUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM, ETC.)	CITY OR TOWN	COUNTY STATE
sow the deceased alive a	n 5 19 19 19 19 19 19 19 19 19 19 19 19 19	9 , and that in (A) (our) opinion of	death accurred on the date and hou	19 that (I) (we) last or and from the causes stated
22b. SIGNATURE	Snalker	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
DR. A. S.		CUM	ORIAL MEDICAL BERLAND, MD.	BUILDING
230 BURIAL, CREMATION, REMOVA		se Hill Cemetery	Cumberland A	COUNTY STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

JAMES F. S F. SCARPELLI

CUMBERTAND, MD

MAY 2 8 1979

MARIE

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TOTAL STATE OF THE
DR. A. S. MATHAN MEMORIAL MEDICAL BUILDING

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CUMBERLAND MEMORIAL MOSPITAL SELECTOR SELECTOR

CUMBERLAND, MD.

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MAY 20,1070 0:354

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MANUAL PROPERTY OF THE PARTY OF

STATE OF MARYLAND

FOR STATE REGISTRAR	1		DEPARTM		EALTH AND MENTAL HYC	SIENE	7 !	9-10	556
I. DECEASED NAME	FIRST	MIDDLE		L	AS1	20. DATE OF D	REG. NO.	DAY YEAR	2b HOUR
(TYPE OR PRINT)	EDNA	E	155.55	GR	IFFIN	MAY 2	4. 1970	,	3:094
3. SEX		RACE		5. DATE O		6 AGE (IN YEAR		IF UNDER 1 YEA	
FEMALE		WHITE	200	MAY	29, 1911	6	8 yr:	MONTHS DAY	S HOURS MIN
70. BIRTHPLACE (STATE OF		. CITIZEN OF WHAT	COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN		
NORTH CARC		USA		WIDOWE	DIVORCED	ALLEG	ANY		^
10. CITY OR TOWN OF D	ND	(IF NOT IN SUCH FACIL MEMO	RIAL H	HOSP	I TAL	120 USUAL OC (TYPE OF WORK FO LAUNDR	CUPATION OR MOST OF WORKING	12b. KIND INDUSTR NURS I	OF BUSINESS C
USUAL RESIDENCE (IFNL 130, STATE MD	13b COUNT ALLE	ANY 13c.	ESIDENCE BEFORE	AND	13d. INSIDE CITY LIMITS?	13 STREET AC	DRESS URANCE S	TREET	
14. FATHER'S NAME JACOB	мі	CULLE	CNS ^{AST}		15. MOTHER'S MAIDEN NA MAR Y	MAGDE	TENE	BAKE	R'
160 WAS DECEASED EVE (YEO) OR UNKNOWN)		VAR OR DATES)	0-10-1		MRS. MARY E.	FULLER,	RD1 BOX	145, 0	UMB. MD
Conditions, if on gove rise to it couse 101, stor underlying cou	nmediate ting the se last.	10	CONSEQUEN		NOT RELATED TO THE TERM		DR CONDITION O		l(o)
19a DATE OF OPER	ATION	196 CONDITION	FOR WHICH O	OPERATION	N WAS PERFORMED	20s AUTOP		YES, WERE FIND TIFYING CAUSE YES []	
210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEATH	P.M.	MONTH DA	19	216. HOW INJURY OCCUR		E OF INJURY IN ITEM 1		
AT WORK AT W	WHEE T	M.	O O	May	23 79	YA	424	29	STATE
M. F.A.	with	LLIAMS	m		770. ADDRESSMEMOR	MEDICAL DIRECTOR	STAFF PHYSICIAN D	22c. DAT	that (I) (we) lo
230 BURIAL, CREMATION (SPECIFY) BURIA		23b. DATE 5/ 27/7			EMETERY OR CREMATORY ST BURIAL PAF	23d. LOCATI	ON	LEGÄNY	MD STATE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TENDING PHYSICIAN: The lo

TO HOSPITAL

retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the future should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

medical exam

24 FUNERAL DIRECTOR CUMBERLAND, MD. JAMES F. SCARPELLI

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Create

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OR. TERRY MILLIANS

MEMORÎAL NEDICAN DLDG. CUMBERLAND, ND. 11502

AND PERSONAL PROPERTY OF THE PROPERTY SEALS.

JACKS P. SCARLEDING CONCESSAND, ED. ST. CO. ST. MANY ST.

STATE OF MARYLAND

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- STATE REGISTRAR	DEF	CERTIF	ICATE OF DEATH	REG. N	79	-105	557
. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DA	YEAR	26. HOUR
ELTON	I.	GR	IMM	MAY	1, 19	79	10:00 _M
S. SEX Female	4. RACE White	S DATE O	. 15°, 192°	6. AGE (IN YEARS LAST BIR	_	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
o. BIRTHPLACE (STATE OR FOREIGN COUNTRY). West Virginia	76. CITIZEN OF WHAT COUNTY USA	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY 9			MD
CUMBERLAND	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE MEMORIAL	IURSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
	INTY 130 CITY OF		13d. INSIDE CITY LIMITS? YES 🏝 NO 🗌	13e STREET ADDRESS 233	Virgin	ia Ave	
4 FATHER'S NAME FIRST Ralph	Hardy	ST	Bertie	Mae Grimes	N.	LAS	т
60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAI	L SECURITY NO.	Ms. Andrea	ADDR Grimm, Cum			hter
	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	IG TO DEATH BUT		INAL DISEASE OR COM			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	VHICH OPERATIO		200 AUTOPSY? YES NO	IN CERTIFY YES		OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19	216. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJI CITY OR TO		COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did r	pital) attended the deceased in	201	nd that in (my) (our) opinion of	, to	late and hour		that (I) (we) last couses stated
Robustians	Hornera	1	DEGREE ATTENDING PHYSICIAN		CIAN	22c. DATE	
DR. ROBUST	IANO J. BAR	RERA	CUMB		ICAL B	UILDI	NG
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 5-4-1979		Memorial Park				, Md.
A FUNERAL DIRECTOR NAME James F.	Scarpelli, Cui	berland	Md.	AFP9Y RE1975	25b. RE	A STATE OF THE PARTY OF THE PAR	Bresdy

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, or other troumatic event, the medical examiner must be notified at and

MAISO ELTON NOTES

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CUMBERLAND MEMORIAL HOSPITAL

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He. Andres Cries, Durserland, Paudicher

The same than I want to DR. ROBUSTIANO J. BARRERA

MEMORIAL MEDICAL BUILDING CUMBERLAND, ND.

16601-61

MAY 1, 1979 110:00

Strength , Spainster | Sand Between Journey | 9091-1-7 WEARS F. Schmidtli, Impiniona, 188.

тоу be TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral disshould be detached for use as the burnal-transit permit. Then please remove corbanpapers: Pages 1 and 2 should be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burnal, cremotian, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 executed within with the Store Deptr or recurrence of them 18 shows any injury, or other troumotic event, the medical examinAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examination of the store of the s Pe death certificate thot the TENDING PHYSICIAN: The

BP.

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR
NAME
Boals Funeral Service

must be natified at ance

STATE OF MARYLAND DEPARTMENT OF HEAL

TH AND MENTAL HYGIENE		m			^	_	-	-
ATE OF DEATH	REG. NO	1	9 -	-	U	5	5	C

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	79-10558.
1 DECEASED NAME FIRST (TYPE OR PRINT)	Wilson	Hacka.H	5/7 / 29	TH DAY YEAR 25 HOUR
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
Male 7e. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	3 - 27 /9/6	BALTIMORE CITY OR CO	OUNTY OF DEATH
Rocking ham, Va.	11 0 4	MARRIED NEVER MARRIED WIDOWED DIVORCED	allegar	1 V MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	DRESS]	THE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
13a STATE 13b COUN	ROTHER INSTITUTION, GIVE RESIDENCE DEFORE A NTY 13(, CITY OR TOWN	OMISSION 134. INSIDE CITY LIMITS?	130. STREET ADDRESS	s Camatery
14 FATHER'S NAME	MIDDLE LAST G	15 MOTHER'S MAIDEN NA		A LAST
John 160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	A+ ADDRESS	Branch
(YES, NO OR UNKNOWN) (IF YES, GIVI	214-07-4	298 anita Dardn	*** (
	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	Elirs bascula ICE OF ATH BUT NOT RELATED TO THE TERM		ON GIVEN IN PART TO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 20 IN	IL IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES TO NO TO
	ALD	YEAR 19	RED (ENTER NATURE OF INJURY IN	
OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from	ond that in (my) (our) opinion	deoth occurred on the date of	ond hour and from the causes stated
22b. SIGNATURE	1780	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
224. PHYSICIAN'S NAME (TYPE O	PR PRINT)	22e ADDRESS		
23a BURIAL, CREMATION, REMOVA		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Western	port Allegany Md.

Westernort, Md.

the difference of the first state

OR ATTENDING PHYSICIAN. The low requires that the death certificate be

etoined by the hospital or attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and completely-filled in by the fill should be detached for use as the buriol-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filled with a 72 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTAL: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be mailfield at annual.

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1	-	STATE
		DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				IE OF DEATH	REG	NO.		
	CEASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	ORPRINT	MARY	AGNES	HARBA	UGH	MAY 30T	H, 197	19	11:26 A
3 SE	X		RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
	Female		White	Oct.	31, 1902	76	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OUT MARY Lan		USA	MARRIED A	NEVER MARRIED DIVORCED	9 BALTIMORE CIT	OR COUN	TY OF DEATH	
	ity or town of umberlan		1). NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) SACRED HEART)	ADDRESS)	HER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Retired			• Store
	AL RESIDENCE (IF ISTATE Maryland	136 COUN	TY 113c. CITY OR TOW	and YES	NSIDE CITY LIMITS?	317 Suns	s et Dri	ve	
14. F	ATHER'S NAME	hn T. O	*Rourke LAST	15. N	NOTHER'S MAIDEN NAME FIRST Mary	E. Creame	r	LA	51
	WAS DECEASED EY YES, NO OR UNKNOWN NO		MED FORCES? 166. SOCIAL SECU WAR OR DATES)		r. Thomas E		h, Key	ser,W.V	a. Son
	Conditions, if a gove rise to cause 101, stunderlying co	immediate toting the	DUE TO, OR AS A CONSEQUE	NETOL	ngdusin i	cantre for	don't		
NOI	gove rise to cause 101, st underlying co	ony, which immediate toting the buse last	DUE TO, OR AS A CONSEQUE	NCE OF A		T	The	GIVEN IN PART 1	(o) .
RTIFICATION	gove rise to cause (a), sit underlying co	ony, which immediate lating the l	DUE TO, OR AS A CONSEQUE DUE TO, DR AS A CONSEQUE	DEATH BUT NOT	RELATED TO THE TERM	T	20b. IF Y	GIVEN IN PART ? YES, WERE FINDI TIFYING CAUSE: YES [NGS USED
CAL CERTIFICATION	gove rise to cause 101, st underlying co. PART 2. OTHER S. 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M.	ony, which immediate to the course lost of the course lost. SIGNIFICANT COURSE CATION ERATION GUNDERLYING COURSE OF DEAT MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUE DUE TO: OR AS A CONSEQUE ONDITIONS CONTRIBUTING TO E WELLT 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	DEATH BUT NOT OPERATION WA AY YEAR 19	RELATED TO THE TERM S PERFORMED HOW INJURY OCCUR	INAL DISEASE OR C	206. IF Y IN CER	YES, WERE FINDI TIFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to cause 101, st underlying co. PART 2. OTHER S. 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M. 21d, INJURY OCC.)	ony, which immediate to the course lost of the course lost. SIGNIFICANT COURSE CATION ERATION GUNDERLYING COURSE OF DEAT MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE ONDITIONS CONTRIBUTING TO E VICTORY 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WA	RELATED TO THE TERM S PERFORMED HOW INJURY OCCURE LOCATION STREET	INAL DISEASE OR C	20b. IF Y IN CER	YES, WERE FINDI TIFYING CAUSE YES []	INGS USED S OF DEATH?
	gove rise to cause 101, 20 miles 101, 20 miles 101, 20 miles 100 m	SUNDERLYING CURRED TO WHILE CONSTITUTE TO THE PROPERTY OF THE CONSTITUTE TO THE CON	DUE TO, OR AS A CONSEQUE DUE TO: DR AS A CONSEQUE ONDITIONS CONTRIBUTING TO E WELLT 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WA AY YEAR 19 ARM, ETC.] 216.	RELATED TO THE TERM S PERFORMED HOW INJURY OCCUR!	20a. AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF Y IN CER	VES, WERE FIND TIFYING CAUSE YES 8, PART 1 OR PART 2) COUNTY 19 10ur and from the	NGS USED S OF DEATH? NO STATE thot (1) (we) lo
	PART 2. OTHERS 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC WHILE ATWORK A 22a.1 certify tho sow the decobove, (1) fw 22b. SIGNATURE	SIGNIFICANT COLORS ERATION SUNDERLYING CAUSE OF DEAT COLORS DUE TO, OR AS A CONSEQUE DUE TO: OR AS A CONSEQUE ONDITIONS CONTRIBUTING TO E WELLT 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F VIEW the body ofter death.	OPERATION WAR	RELATED TO THE TERM AS PERFORMED HOW INJURY OCCUR! LOCATION STREET 1 in (my) (our) opinion EE ATTENDING PHYSICIAN	ZOO. AUTOPSY? YES NO RED (ENTER NATURE OF I	20b. IF Y IN CER NJURY IN ITEM 11	VES, WERE FIND TIFYING CAUSE YES	NGS USED S OF DEATH? NO STATE	
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

SCARPELLI FUNERAL HOME

108 VIRGINIA AVE. 250. DATE RECID. BY REGISTRAR 256. REGISTRAR & SIGNATURE CUMBERLAND, MD. 21502



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should be detached far use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar ta burial, crematian,

this certificate has been signed he burial-transit permit. Then plea

PHYSICIAN: The la physician.

ATTENDING

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ending physician and c carbanpapers. Pages ar remaval.

by the attend

STATE OF MARYLAND

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	- STATE REGISTRAR				ICATE OF DEATH	REG. NO		0200
1. DE (TYPE	CEASED NAME E OR PRINT)	LL IAM	JOSEP	н н	ARBAUGH	20 DATE OF DEATH		26 HOUR 9 1:34A
3. SE	x Male	4 RA	White	5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRTI		TYEAR IF UNDER 24 HR
C	IRTHPLACE (STATE OR FO	DREIGN 76 CI	TIZEN OF WHAT COU	INTRY? R	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEA	TH ,
10 C	ity or town of DEA	S	NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GIVEN HEAR	NURSING HOME (VE STREET ADDRESS) T HOSPITA	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retired E	WORKING LIFE) INDU	IND OF BUSINESS OF STRY
13a.	AL RESIDENCE (IF NURS STATE Tyland	136 COUNTY Allegar	13c CITY C		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 113 Decatu	r Street	
	ATHER'S NAME FIRST John	MIDDLE	Hai	rbaugh	15. MOTHER'S MAIDEN NA/ FIRST Mary	MIDDLE		Rourke
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED I	OR DATES)	28-7738	Mrs. Sarah E	ADDRE	Cumberl	atur Stre and, Md APPROXIMATE INTERVAL INVEEN ONSET AND DEAT
CERTIFICATION	PART 2. OTHER SIGN		96 CONDITION FOR		NOT RELATED TO THE TERM	20a. AUTOPSY?	20b. IF YES, WERE I	
ERTIFIE	216. ACCIDENT WAS UNI	DERLYING 1	16. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	HOUR A.M. MON'	TH DAY YEAR				
MEDICAL	21d INJURY OCCUR	HILE	1e. PLACE OF INJURY AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOC ATION STREET CITY OR TOWN COUNTY			
	sow the decease above, (1) (we) (ed plive pp	ttended the deceased	10 79 .	nd that in (my) (our) apinion o	deoth occurred on the do		
	22b. SIGNATE	$\langle \rangle$	not	au		MEDICAL STAF	F _	DATE SIGNED
	DR. J. N. I)		909 -B, SETON I	DRIVE, CUMBER	RLAND, MARY	/LAND 2150
23a.	BURIAL, CREMATION,			Tage NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial UNERAL DIRECTORS	M	ay 28, 197	Sunset	Memorial Park	Cumberlan	county Id Allegan 256. REGISTRAR'S SI	y Marylan

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After

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A Mar. 1, 30

COR-1, SETURE DE LUE, CUM CERLAND, IMBYLAND 21502

n and completely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 haurs offer death

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remave carban papers. P with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remaval. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the m

TENDING PHYSICIAN: The low

HOSPITAL 0

retained by the haspital or attending physician.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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tisking McCready

1	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0 19-	- 10) 0 1	
	DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH		YEAR	26. HOU	R
1	J	OSEPH	BLAIR	HA	RDMAN	MAY	19,19	79	10:	15A
3.	SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRT		JNDER 1 YEAR	IF UNDER	
	Male	Whi	te	Mare		76	YRS. MON	ITHS DAYS	HOURS	MIN
70	BIRTHPLACE (STATE OR FOR		WHAT COUNTRY	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH		
	Md.	11.	SA	WIDOW		Allega	mv			MD.
10	CITY OR TOWN OF DEAT	H II. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126. KIND O	F BUSINE	
	CUMBERLAN	D "MEM	ORTAL H	OSPIT	AL	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY Dairy		
Ü	SUAL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTIO						Dally		
1	Md.	Allegany	Cumber		13d. INSIDE CITY LIMITS?	Rt.#9 Box	3614			
14	FATHER'S NAME			LONG	15 MOTHER'S MAIDEN NA	ME	JOIN	44.4.00		
	Edward	MIDDLE	Hardman		Alice	WIDDLE		Ma		
16	a. WAS DECEASED EVER II			CURITY NO.	17 INFORMANT	ADDRE	SS	Me	LI APR	
		(IF YES, GIVE WAR OR DATES)	218-16-	1.1.1.QA	Cecelia Hardn	non R+ #0 Re	× 3674	Cambo	Md	
F	NO NO	Enter only one cause pe			Tocetta Harus	Mare 100-11 / De	אנפל אי	APPROVID	TVA CHINIERO	VAL
н	PART I DEATH WA	S CAUSED BY	1. 1		· · · · · · · · · · · · · · · · · · ·	cident		BETWEENC	INSET AND I	DEATH
	1/6/1	MMEDIATE CAUSE (0)_	Cerebi.	ovasc	man ac	neur				
	1436-	DUE TO, O	OR AS A CONSEQ	UENCE OF				15 19		
П	Conditions, if any, which									
		gove rise to immediate COUSE (D), Stating the DUETO OR AS A CONSEQUENCE OF								
	underlying couse									
H	PART 2 OTHER SIGNI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II								
1 3		IN PART ITO	,1							
CEDITIESCATION	190 DATE OF OPERATI			H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20h. IF YES, W	ERE FINDIN	GS LISED	
1 5							IN CERTIFYIN		OF DEATI	H?
- 6	21a ACCIDENT WAS UNDE	PLYING 1216 TIME	OF INJURY		21c HOW INJURY OCCURE	YES NO	YES [NO [
	OR CONTRACTOR C		M. MONTH	DAY YEAR		CED (ENIER NATURE OF INJUR	T IN HEM IB, PAKE	I OR PART 2)		
1 5	(IF EITHER, NOTIFY MEDICAL		P.M.	19						
l i	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE	LAT HOME S	OF INJURY	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STA	TE
1	WHILE NOT WHILE AT WORL	re [-						
	220.1 certify that (I) (this hospital) attended t			19.77	, to	-/9.19.	79	that (I) (w	re) lost
	spw the deceased	d) (did not) view the bod	19.	79.0	nd that in (my) (our) opinion (death occurred on the do	te and hour or	nd from the o	couses sto	ted
	226. SIGNATURE	- A	/ dilet dedili	1	DEGREE			22c. DATE	SIGNED	
	Makerst	2 / 1	Same	1	MO ATTENDING PHYSICIAN	MEDICAL STAF		5-	22-	79
1	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	1700000	1/2		EMORIAL M				
1		USTIANO J	. BARRE	RÁ	III.			DUIT	DIN	G
1						UMBERLAND	, MD.			
23	a BURIAL, CREMATION, R	EMOVAL 236. DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STAT	TE
L	Burnal	May22	,1979 P.	leasan	t Grove Cemt.	Cumberlan		egany	Md.	
24	FUNERAL DIRECTOR		IOI D		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAP	R'S SIGNATU	JBE	

404 RESDecatur Cumberland,

Silcox-Merritt Fun. Ser.

BP

DHMH - 16 50M 7/77 (VRA 15(4))

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nding physician and completely filled in by the fi corban papers. Pages 1 and 2 should be filed with

1	FOR STATE REGISTRAR		DEPARTMENT	OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.	79-	10	562
	CEASED NAME FIRST FORFINTING CONFRINTING C		C		artung	20 DATE OF DEA		OAY	YEAR	26. HOUR 9: 20 AM
3. SE	x Female	White			of BIRTH	6 AGE IN YEARS LA	ST BRTHDAY)	IF UNDER	OAYS	IF UNDER 24 HRS HOURS MIN
C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Shaw, W. Va	USA		ARRIE	D NEVER MARRIED DO DIVORCED	BALTIMORE CI	any Co		TH	MD.
	Frostburg, MD	Frostou	OSPITAL, NURSING HO FACILITY CIVE STREET ADDRE TG VILLAGE	OME O	rother institution rsing Home	120 USUAL OCCU		G LIFE INDU	CIND O USTRY	F BUSINESS OR
	AL RESIDENCE (# NURSING HOMEOR STATE ALLES	other institution, of the any	the residence before admit the city or town Cumberland	ISSION)	134 INSIDE CITY LIMITS?	130. STREET ADDR		t,		
14. F.	ATHER'S NAME FIRST Theophluis	D	Harrison		IS MOTHER'S MAIDEN NAME OF THE REST	ME TO MICH	HE.		Ac	lans
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 1# YES, GIVE NO	WED FORCES? WAR OR GATES)	220-28-766		Frostburg V		rostbu	urg, M	D	
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF	etatie le	ywyb	ou	_ 85	APPROXI TWEEN C	MATE INTERVAL INSET AND DÉATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT C		TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M	TIME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19		21c HOW INJURY OCCURI	M 18, PART 1 OR PART 2)				
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET C			CITY	OR TOWN	COUP	ITY	STATE
	22e I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not		19	, on	. 19		he date and			that (I) (we) lost couses stated
	22b. SIGNATURE	(3)	1111	1	DEGREE	MEDICAL /	die	275	PATE	nongo

PHYSIC IAN 22e ADDRESS

MEDICAL STAFF

22d. PHYSICIAN'S NAME | TYPE OR PRINT) H.J. Lee

Frostburg, 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

DHMH-16 20M (VRA 15, 4) 7/78

should be detached for use as the burial-transit permit. Then p with the State Dept- of Health and Mental Hygiene prior to bur IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After

BP.

23e BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

M.D.

236. DATE

g St. Luke's Cumberland,

Cen Cumbo County State

250. DATE REC'D. BY REGISTRAR 351 RESISTRAR 5 STANDARD MAY 1 0 1979

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				CEASED NAME	FIRST	TIE DA	MIDDLE	Holms			20 DATE OF DEATH MONTH DAY YEAR 26 HO				
	A		2 000		Carl				用书生YOM		1.05	05			5:00a
	LIVIE	ΕŪ	3. SE)			4. RACE		5. DATE (H DAY	YEAR	6. AGE (IN YEARS LAST BIR	HDAY	MONTHS D		UNDER 24 HRS
		30		ale		White		03	10	92	87	YRS			
	h. P			RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIE	D NEVER	MARRIED	9 BALTIMORE CITY C			d	
	and and	5	M	assachuset	ts	U.S.A.		WIDOWE	D (X) D	NORCED	Allegany (М
	9 93	51	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER INS	NOITUTITE	12a USUAL OCCUPAT		12b KIN INDUS		USINESS OF
5	by the	51	F	rostburg		Frost	ourg Comm	nunity	Hospit	al	Retired		Gov		Emp.
7	be in	0	USU/	AL RESIDENCE (IF NUR	SING HOME OR O	OTHER INSTITUTION	N, GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE O		112- STREET ADDRESS				
2	filled auld h	SOE SOE		aryland	Alle	ganv	Cresapt	town	YES X	NO	40 Marsha	17 Dri	ve		
3	tely 2 she			THER'S NAME						'S MAIDEN NA	ME				
ď.	and w			FIRST Charitation		ADDLE	LAST			FIRST	9 MIDDLE			LAST	
E .	5 0	0 1	Ián V	Christor AS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b. SOCIAL SE	CURITY NO	17 INFORMA	1da	ADDRI	ESS			
2	Pages		.0	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		3-0563			er, Admissio	n Cla	nk		
2	ا نون ه		-69	hkhöwhyes	WWI				Kell	y carte	1, Auii (55 (C	ni cie		ODF AVERVIEW	E INDYE DVIAL
, 0 A	physici mayal.	veni,		PART I. DE ATH W	M (Enter only VAS CAUSED IMMEDIATE		er ling for (o), (b),	pnd4c).)	Ren	of to	Carlon		BETW	EEN ONSE	E INTERVAL ET AND DEATH
2	th cert	الار و		4280	DATE		OR AS A CONSEC	LIENCE OF	1	/	0 10	THE STATE OF			
2	Hend ye co			Conditions, if ony, which (b) College the Heart Coulin											
Ä				gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF SCALD											
`	0 0 0			underlying couse		1000 10,0	AS A CONSE	see	,	Seel	n				
, s	2 P 0 0	ō		PART 2. OTHER SIG	NIFICANT C	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	D TO THE TERM	NAL DISEASE OR CON	DITION GI	VEN IN PAR	Tiloi	
2	en sig	, ulory	CERTIFICATION												
		di di	CA	19a. DATE OF OPERA	TION	196 CONE	DITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE FILL FYING CAL	NDINGS ISES OF	DEATH?
4	The la ician. te has nsit per	3	THE ST								YES NO		ES 🗍		40 🗆
=	Z Y SOI	0		218. ACCIDENT WAS UN		216. TIME O		DAY YEAR	21c. HOW IN	VJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART I OR PART	2)	
5			AL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		In .	.M.	19							
5	A but	5	MEDICAL	216 INJURY OCCUR			OF INJURY		21f. LOCATION	ON	CITY OR TON	ada I	COUNTY	1. 111	STATE
2	G Preser the	, i	Σ	WHILE NOT W	THILE	(AT HOME, ST	TREET, FACTORY, OFFIC	E, FARM, ETC.)	SIRCE		CITY OR TO	¥IN	COUNTY		STATE
9	Se of the se of	E		22a.1 certify that (1)	(this hospite	al) attended t	he deceased from			. 19	, to		19	, that	(I) (we) los
	TOR OF TOR			sow the deceas	ed alive on_		19	, o	nd that in (my)) (our) opinion	death occurred on the d	ote and has	or and from	the cou	ses stated
	OR AT birect birect bept.	E		above, (I) (we) (- 27b. SIGNATURE	did) (did not) view the body	y ofter death	-	DEGREE				22c D	ATE SIG	NED
	tach la			100000000		0	2//1	1		ATTENDING	MEDICAL STA				
	by by ERA			22d PHYSICIAN'S N	AAF (TYPE OF	00010	-		122e ADDRES	PHYSICIAN E	DIRECTOR PHYSIC	IAN []			
	TO HOSPITAL of the retained by the TO FUNERAL E should be detained by the State E with the State E										o 84 11.		7		
	o HOSE etained TO FUN should b	-		Hyun J							Community Ho	ospita	<u>a I</u>		
	E 5 - 0 > 2		23a. B	URIAL, CREMATION,	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
			В	urial		May 9	. 1979 M	t. Leb	non Ge	meterv	Pittsburg	n, Pa			
DH	HMH-16 60M 1/73	11	24 FL	INERAL DIRECTOR			ADDRESS			25a C24,7	FREC P. BY RIGISTEAR	25b. RE 115.	IRAB'S SIG	XU.B.	rodu
	(VR A 15 (4))		0	ohn J.Haf	er. Jr	. La	Vale. Md	215	02	1	HI TO 1313		/		1
		1	-				, ,	~ ~ /	M.Au					-	7

TOT TON FIR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed

deoth certificate

ATTENDING PHYSICIAN: The low

HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

John W. Lohr

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, is should be detacked for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

WIMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

must be r

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-10564 CERTIFICATE OF DEATH

						REG. N	0.	0 , 0	0	
	ECEASED NAME FIRST		thyl		AST	20. DATE OF DEATH		DAY YEAR	26 HOU	R
L	MYR	ILE I	Н.	OVATT	ER	MAY 22,		9	6:0	00 PM
3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	HOURS	24 HRS
-	Female		ite		· 24 1886	92	YRS			
14/	SIRTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C		Y OF DEATH		
	ITY OR TOWN OF DEATH	U.S.		WIDOWE	DR OTHER INSTITUTION	Allegar	-			MD.
C	UMBERLAND	MEMOR	TAL HOS	PTTAL	DK OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	OF WORKING L			55 OR
130.	JAL RESIDENCE (IF NURSING HOME OF STATE aryland 136 COUR	egany	GIVE RESIDENCE BEFO	WN .	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 723 Arun	del S	treet		
14. F	ATHER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	1		c y	
		VMN	Collins	5	Naomi	NM	IN	Lunst	ord	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR		Cumbe	rland	т,ма.
	No -		234 74	2385	Virginia 0'1	Brien 723	Arund	el St.		
	18 CAUSE OF DEATH Enter or	nly one couse per	line for (a), (b), a	nd (c		2000 - 19 19		BETWEEN	ONSET AND	DEATH
1	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	PN	rein	morrio					672
	4270	DUE TO O	R AS A CONSEQU	IENCE OF					W315	
	Conditions, if any, which	(b)	Cere	gra	1 Cetke	rosclere	201			
	gove rise to immediate couse 101, stating the	DUETO	R AS A CONSEQU	IENCE OF			1500			
14	underlying couse lost	(c)		ZETTEL OT						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0 1	
CERTIFICATION				Title N						
S	190 DATE OF OPERATION	19b COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND I		
				16. 7		YES NO		ES [NO [
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	1 110110 1	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2)		
SE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	nin i		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	ST.	ATE
2	AT WORK AT WORK					,				
	220.1 certify that (1) (this hospi	41.	e deceased from.	51	18 79		21	1977	that (I) (w	ve) fost
Ρ.	sow the deceased alive on above, (1) (we) (did) (did no	of view the body	ofter deoth.	77.01	nd that in (my) (our) opinion	deoth occurred on the d	ate and ho	ur and from the	couses sto	ited
	22b. SIGNATURE	11.			DEGREE			22c. DATE	SIGNED	- 1
	JIV	210-			ATTENDING PHYSICIAN		CIAN			
	22d. PHYSICIAN'S NAME (TYPE O				270 ADDRES MEMOR	IAL HOSPI	TAL.	MEDIC	AL B	I DG.
	DR. THADDEU	S H. E	LDER		CUMBEI	RLAND. MD	215	5.02		
23a	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STA	TE.
	Burial	5/26/	79 1	.0.0.	F. Cemetery	Elkins		ndolph	W.	Va-
24 F	UNERAL DIRECTOR		120 Fi	rst S	treet 250 DAT	E REC'D. BY REGISTRAR	25b. PEGGIS	JRAR'S SIGNA	URE	
	John W. Lohr		Elkins	.W. Va	26241 MA	131 19/9	prog	Tay MCU	Modey	

Elkins, W. Va. 26241



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900:3		RE	thy! HOWATT	117.	
	30	24 1886	100 =11	60/_	e France Co.
	(1	×		.2.4	inson's feet
wholi	neusowije		TYL MOSELLYF	испок	CUMBERLAND
d bear	TEE Inunded	×	bandreamid	ymmelia.	tens tens
Limetard Comberland, NA.	WW.	i mook	241110	WAAN, ST	01/1007
	men res arran	dinginianity of the state of th	236 24 2385	discon deady dilega depay	0
MEDICAL BUDG. 502	¢L HOSPITAL. LANG, MB. 21		REGER	B.H. avad	DR: THAT

3/26/79 1..... emetery

Eletin, N. Ve. 25241

Intro

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elsina dandolon .N.Va.

DHMH (VR A15 ME (5)) 15M 7/76 FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	7	0		4	0		0	C
REG.	NQ.	9	-		U	J	0	J

REGISTRAR	WEDIGHE.	EXAMINATE OF	EKTITICATE O	DEATT	REG. NY.	10000
1. DECEASED NAME FIRST	MIDDLE	1 - 1 - 6	LAST	20. DATE KNO	TI- X MONTH	DAY YEAR 126 HOUR
	JOHN M	HUMBER	RSON	DEATH MA	TED \ 5-1/	-79 ₁₉ 10:35a ₁
Male White	S DATE OF BIRTH MC28 DAY YEAR 4-X8-1898	81 YRS.	DER I YR. IF UNDER	MIN PRONOUNCE	5-17	-7919 10:35a
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? B. MARR	EDXX NEVER MARR	ED 9. BALTIMOR	CITY OR COUNTY	OF DEATH
Maryland	USA	WIDOW	VED DIVORC		egany	M
Cumberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE Sacred Heart	STREET ADDRESS)		FOR MOST OF WORKING FARMER	LIFE)	26. KIND OF BUSINESS OR INDUSTRY Farming
USUAL RESIDENCE (IF IN MURSING PIC 130 STATE 1806. CC Maryland Gar	DME OR OTHER INSTITUTION, GIVE RESIDENCE DUNTY 13c. CIT	Y OR TOWN endsville	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS First Av	enue	
14. FATHER'S NAME FIRST Frank	MIDOLE Humbe	rson	15. MOTHER'S MAIDE	N NAME MIDDLE		uard
160. WAS DECEASED EVER IN U.S.	. ARMED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
No		8-18-5896	Ethel H	umberson,	Friend	sville, Md.
	er anly one cause per line far (o), (b	o), ond (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAI	USED BY: DIATE CAUSE (o)	C	ORONARY O	CCLUSION		SUDDEN
410-	DUE TO, OR AS A CO	NSEQUENCE OF				
Conditions, if any, w		C	ORONARY S	CLEROSIS		
gave rise ta immed cause (a) stoting the unlying couse lost.		NSEQUENCE OF			(in the little of the little	
PART 2 OTHER CICNISICANT CONDIT	(c) TIONS CONTRIBUTING TO DEATH BUT NOT REI	ATEO TO THE TERMINAL DISEAS	E OF CONDITION CIVEN IN BA	DT 1		<u> </u>
	TONS CONTRIBUTION TO OCATE BOT NOT REL	ALLO TO THE LEMMAN OISEAS	L OK CONDITION GITEN IN PA	KI (10).		
190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION W	/AS PERFORMED?			20. AUTOPSY?
TIFIC						YES NO X
	HOUR A.M. MONTE	H DAY YEAR		D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	7 2)
ONTRIBUTING CAUSE 216. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJUR STREET, FACTORY, FARM,		CATION STREET	CITY OR TOWN	cou	NTY STATE
	horge of the remoins described ab		sy , Inspectio	InquiryXX		nion
	1.	,	TITLE (SPECIFY)			
SIGNATURA Devo	dect Sketare	liel_N	Deputy	MEDICAL EXAMINI	DATE SIGNET	5-17-79
	enedict Skitare			Cumberland,	Maryland	21502
23a. BURIAL, CREMATION, REMOV.		NAME OF CEMETERY C		CITY OR TOWN	ille Coun	rnett Md
Burial	5-20-1979 H	lumber on	Cemerer.	PT TEHUSV	25b. Retailer for the	Children of the
AZ Moura	Grantsv	rille. Md.	238.0	41201313		7

in section after old Comberland Sacred Beart Hongital -- DCA Parmer Parming outset daries a silientensial discrete breakers Humberton Lorad - 198-18-5895 Sthel Numberson, Friendsville, Fd. Sold and the straight of the s hemodica Scientaile, M.D. 259, Camberland, Maryhand 21901 suried 5-20-1979 Busherson Demenery Briendsville, Carrott, Md.

. Allivednerd L.

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GNE PAGES 1, 2, A HD 3T PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. HET HIS TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	0	201	1	0		0	C	
REG.	NO.	9	-		U	J	0	0	

1		FOR	D	EPARTMENT OF HEAL	TH AND MENTAL HY	GIENE	
		STATE REGISTRAR	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO. 9	-10566
4		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN X MON	TH DAY YEAR 25. HOUR
ч		W Eric		J Hut	zell		-18-79 ₁₉ 9:β0p _м
	3 SEX		5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24		TH DAY YEAR 2d. HOUD
		M W	1 29	The state of the s	NTHS DAYS HOURS	PRONOUNCED DEAD 5	-18 19 799:30M
5	FOR	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY? 8. MA	RRIED NEVER MARRIED	Allegant	CO.
9	Me	versdale, Pa	U.S.A.	PITAL, NURSING HOME, OR C		12a. USUAL OCCUPATION (TYPE OF WO	MD.
1	10. СП	TOK TOWN OF BEATT	A (IF NOT IN SUCH FAC	TEITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
1	Cu	INDETLAND MO	Sacred	Heart Hospital	D.O.A. 9:3	U p.m.	
	13a. ST	TATE N36. COU	NTY	13c. CITY OR TOWN		13e. STREET ADDRESS	
Ž.			merset	Salisbury	YES NO TO	Rt.#1	
1	14. FA	THER'S NAME ERST	MIDDLE	LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
Ø	Н	lutzell	John	A	Sandra		Wengerd
7	160. W	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Pa
5	1/2	No	E WAR OR DATES	None	John A I	Hutzell R.D. 1	Salisbury
		18. CAUSE OF DEATH (Enter o		for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSE	ED BY: ATE CAUSE (o)	Hydrot	norax; Pulmo	onary Congestion	Hours
	1	7469		AS A CONSEQUENCE OF			
		Conditions, if any, which		(Conge	nital Heart A	Anamoly)	
		gave rise to immediat couse (a) stating the under					
		lying couse last.	(Ru	Patent Ductus	Arteriosus)	; Co-arction of Ac	orta
		PART 2 OTHER SIGNIFICANT CONDITION				1 (a).	
	NO	ETEL ALGO					
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
/	IFIC		36 90				YES THE NO
11	ERT	210. EXTERNAL CAUSE WAS	21b. TIME OF		HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	
5	ALC	UNDERLYING OR		MONTH DAY YEAR			
4	DIC	21d. INJURY OCCURRED		19 DF INJURY (AT HOME, 218.	LOCATION		
	ME	WHILE NOT WHILE AT WORK	STREET, FACT	DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	3.1	AT WORK AT WORK					
		220. I certify that I took char		ribed above, held an Au	opsy XX, InspectionX	Inquiry XXX and in m	y opinion
		death resulted from: Nati	urol couses XX	Accident , Suicide	, Homicide	Undetermined monner,	
		D D	1 4/1	1.	TITLE (SPECIFY)		ATE
		SIGNATURE DILLEC	dechap	elareled	Deputy	MEDICAL EXAMINER SK	ATE 5-18-79
1	-	EXAMINER'S NAME					
1		(TYPE OR PRINT)			ADDRESS		
	230. BL	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETER	OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY
	3	Burial	5-21-79	Salisbur	y Cemetery	Salisbury-Son	erset- Pa.
		UNERAL DIRECTOR	ADDRESS	101 GRANT 5	750. DATE	CAPAY, REGISTOR PASS. REGISTOR	gry Mc Greaty
	Th	omas FUYERAL H		SALISBURY, PA	15558		/ 4/

03601-81 out of the Land Start Heart Dopted D. d. legions. Charles and a series of the contraction of Agent fermotensia nutoma Joean's

requires that the death certificate be executed within 24 hours often OR ATTENDING PHYSICIAN: The low

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	7 9	9 -	1	0	5	6	7
REG. NO.	1 4	9		v	0	-	-

1. DECEASED NAME (TYPE OR PRINT)				REG. N	10.	
torre autumni)	FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	ALMA JA	ANET JACKSO	N	MAY 21,	1979	3:55A
3. SEX	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAY	
Female	ut	ule po	v. 26,1913	65	YRS.	
70. BIRTHPLACE (STATE O	R FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8. MAR	RIED NEVER MARRIED		COUNTY OF DEATH	
III CITY OR TOWN OF D	EATH III NAME	OF HOSPITAL, NURSING HOA	WED DIVORCED	ALLEGANT	COUNTY,	OF BUILDING
2 Cumberla	SACRI	SUCH FACILITY, GIVE STREET ADDRESS ED HEART HOSPI	TAL	TYPE OF WORK FOR MOST OF		of BUSINESS
USUAL RESIDENCE (IF NI	URSING HOME OR OTHER INSTITU 136 COUNTY FRANKLY	131 CMY OR TOWN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	Druencast	6 P.
14 FATHER'S NAME	MIDDLE &	Barnes Pa	FIRST	ora model	PYAN	LAST
3 160 WAS DECEASED EV	ER IN U.S. ARMED FORCE	5? 166 SOCIAL SECURITY NO. 220 -10-126	11/	W. Jacks	13/	ters ber
18 CAUSE OF DE	ATH (Enter only ane cause WAS CAUSED BY:	per line for (a), (b), and (c)	101-		APPR BETWEE	OXIMATE INTERVAL IN ONSET AND DEA
PARTI DEATH	IMMEDIATE CAUSE (a	2) salet	- mellitu		1	5 year
2300	DUE TO	O, OR AS A CONSEQUENCE O	F 1 1			20
Canditians, if a gave rise to i		(caral	faction			Lun'
couse 101, sto	iting the DUETO	O, OR AS A CONSEQUENCE O	e 11			
underlying cau	use lost.)				
PART 2 OTHER SI	((c)	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART	1(a)
PART 2 OTHER SI	GNIFICANT CONDITION		BUT NOT RELATED TO THE TERM			XX II
PART 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
PART 2 OTHER SI 190 DATE OF OPEN	GNIFICANT CONDITION RATION 196, CO	ONDITION FOR WHICH OPERA	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES [DINGS USED ES OF DEATH? NO
PART 2 OTHER SI 190 DATE OF OPEN	GNIFICANT CONDITION RATION 19b. CO JUNGERLYING 1 CAUSE OF DEATH HOUR	NDITION FOR WHICH OPERA SE OF INJURY S. A.M. MONTH DAY YE	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR AR	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES [DINGS USED ES OF DEATH? NO
PART 2 OTHER SI PART 2 OTHER SI 190 DATE OF OPEN 210, ACCIDENT WAS II OR CONTRIBUTING [(IF EITHER, NOTIFY ME) 21d INJURY OCC	GNIFICANT CONDITION RATION 19b. CO JUNDERLYING 21b. TIM CAUSE OF DEATH DICALEXAMINER) JRRED 21e. PLA	NDITION FOR WHICH OPERA SE OF INJURY S. A.M. MONTH DAY YE	TION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
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TO HOSPITAL

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STATE OF MADVIAND

JIAIL OF MARILAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE							
CERTIFICATE OF DEATH								

ı	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HY	GIENE REG. NO	7	9-10	568
	I. DECEASED NAME FIRST (TYPE OR PRINT) MARY	Elizabeth	_	vell	5/15/79	HTHOM	OAY YEAR	26 HOUR 6:45A M
	3. SEX Female	4 RACE Caucasian	5 DATE O	F BIRTH /88 DAY YEAR	6 AGE IIN YEARS LAST BIRTH		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
=	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY Penna	7% CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWEI	NEVER MARRIED	Allegany	COUNTY	OF DEATH	MD.
4	Frostburg, MD	II. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET Frostburg Villa	age Nu		178 USUAL OCCUPATION INTERPREDE WORK FOR MOSLOF HOUSEWITE		126. KIND O INDUSTRY UWN F	of BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COUNTY ALLES	r other institution, give residence before NTY 13, CITY OR TOWN Cumberla	N _ I	134 INSIDE CITY LIMITS?	RE. 5, TW-	37, u	linchest	ter Rd.
	Joseph Albert G	MDDLE LAST		IS MOTHER'S MAIDEN NA FIRST Mary Eliza	beth Sheetz		LAS	1
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	ui Hea	11, Rt. 5, T - Cenome et fail	w	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
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	CO CONTRACTOR CANCE OF DE	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
	TIE ITHER, NOTIFY MEDICAL EXAMINERS 716 IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC	211 LOCATION STREET	CITY OR TOWN	٧	COUNTY	STATE
	220.1 certify that (1) (this haspi	ital) attended the deceased from	, on	d that in (my) (our) opinion DEGREE ATTENDING		te and hou		

224 PHYSICIAN'S NAME (TYPE OR PRINT) Hyun J. Lee, M. D.

22e ADDRESS

21532 48 Tarn Terr. Frostburg.

230	BURIAL,	CREMATION,	REMOV
	(SPECIFY)	Burial	

23c NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

Cumberland, RAR 250. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78

TO HOSPITAL

BP

should be detached for use as the burial transit permit. Then please remove carbonpapers, Pages 1 and 2 should be filed within 72 ho with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

236. DATE 5/17/79

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IF THE CERTIFICATE AND THE WORD "PENDING." IN PENCH IN 118 M. GIVERAGES AND THE MORE TO THE WORD."	PACE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALGORD WITH FORM THE PAGE 1	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT MADES I AND 3 SHOULD IN FIRED IN	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEME DIVISION OF WHAT RECORDS, 301 W.	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	

STATE OF MARYLAND

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	I. DEC	EASED NAM	E FIRST	RAE	MIDDLE	KELLE		AST			20 DATE KN OF I DEATH M	NOWN A		0-79 YEAR	5 Dax
	3. SEX	male	4. RACE White	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA' 22 YR:	Y) MONTH		IF UNDE	R 24 HRS.	PRONOUNCE DEAD	ED	5-20	DAY YEAR	2d. HOU 4: 15a
5	FOR	RTHPLACE (S REIGH COUNTRY) Kent	ucky,		SA		WIDOW		DIVOR	CED 🗆		Alleg	any	Y OF DEATH	W
C	C	umberl	and	11. NAME OF HOSP (IF NOT IN SUCH FACE MEMORIA OR OTHER INSTITUTION, GIVE	al GIVES	spital		R INSTITU	TION	FOR	ual occupa Most of Workin Ident		OF WORK	OR INDUS	TRY
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7	TIFICAT		F OPERATION			WHICH OPER								20. AUTOPS	
77	MEDICAL CERTIFICATION	UNDERLYIN	AL CAUSE WAS G OR ING CAUSE OF		MONTH	DAY YEAR -79 19					ar col			RT 2)	
1	MEDI	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE O STREET, FACTO Rt.	RY, FARM, E		S	reet rnace	Acre	es, N	city or town			W.Va.	STATE
0 38			rify that I took chore	ge of the remains desc	ribed abo		Autops	, Homi	cide .	Unde	Inquiry C		d in my op	pinion	
		ACTUAL SIGNATURE	Denec	het Sk	Ta	kelic		Dan	uty	ME	DICAL EXAMIN	NER	DATE	5-20	-78
2		RITTE OR FR	11817	edict Skit				ADDRESS_				, Mar	yland	d 21508	
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DHMH - 17 (VR A15 ME (5)) 15M 7/76

202 Greene St. Cumberland Maryland 21502

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DHMH-17 (VR A15 ME (5))

15M 7/77

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Male

13a. STATE

CERTIFICATION

MEDICAL

TO BIRTHPLACE (STATE OR FOREIGN COUNTRY

Rawlings XMEXICA

Maryland

(YES, NO, OR UNKNOWN)

14. FATHER'S NAME FIRST

James

Md. ID. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER

160 WAS DECEASED EVER IN U.S. ARMED FO

18. CAUSE OF DEATH (Enter only one

Conditions, if any, which gove rise to immediate couse (a) stoting the underlying couse last.

21d INJURY OCCURRED

PART I DEATH WAS CAUSED BY:

3. SEX

ROBERT

136. COUNTY

Allega

Korea

IMMEDIATE CAL

Westernport,

7b. C

4. RACE

White

			NT OF HEA	OF MARYLAND LITH AND MENTAL S CERTIFICATE			7.9 - 1	0570	
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r .	JAME	ES	KELLER			OF ESTI	- 9	5-15,79	12:15
MON'	TE OF BIRTH	YEAR L	37 YRS.	FUNDER 1 YR. IF UND	DER 24 HRS	2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR 5-15-79	la. M
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(IF)	RD#3	Box 2	26a XNE	Rawlings	FOR	SUAL OCCUPATION MOST OF WORKING LIF rehant		or indust Merchan	RY
other Y	INSTITUTION, GIVE	13c. CITY OR		13d. INSIDE CITY LIMITS: YES NO [IX F	REET ADDRESS			
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3	(b)DUE TO, OR A	is a consec	QUENCE OF	ot of Ches				may may may	
	(c)		(Self	inflicted)					
NTRIBU	TING TO DEATH BU	T NOT RELATED T	O THE TERMINAL DI	ISEASE DR CONDITION GIVEN IN	PART 1 (a)				
	196. CONDITIO	ON FOR WHI	CH OPERATION	N WAS PERFORMED?				20. AUTOPSY?	NO [
EATH	P.M.	MONTH DA	AY YEAR	c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN IT	TEM 18 PART 1 OR P	ART 2)	
	21e PLACE OF	FINJURY (A		LOCATION		CITY OR TOWN		OUNTY	51.15

PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIB 190. DATE OF OPERATION 21g. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING

WHILE WHILE AT WORK AT WORK Autopsy X Inspection X Inquiry X 22a. I certify that I took charge of the remains described above, held an ond in my opinion Suicide X death resulted fram Homicide Notural causes Undetermined manner

TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER

Skitarelic, M.D. ADDRESS. EXAMINER'S NAME Benedict R#9, Cumberland, Maryland 21502 (TYPE OR PRINT)

May 17, 1979 Potomac Memorial ar 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Keyser Burial ardens REZ O. BY 979 RAR 24. FUNERAL DIREC

Maryland

W. Va.

DATE SIGNED 5-15-79

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. 1. DECCASED NAME I. DECCASED NAME II. DECCASED NAME III. DATE I
3. SEX Male
Male
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TORRESTON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 The hospital of or otherdina physician has been signed by the other death certificate be executed within 24 hours of the hospital of other tradings physician and the first this certificate be executed within 24 hours of the signed by the other tradings physician and the first this certificate be executed within 24 hours of the signed by the other tradings of the first this certificate be executed within 24 hours of the signed by the first thin signed by the first the signed by the first thin
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TO RATTENDING PHYSICIAN. The law requires, that the death certificate be executed within 24 hours the hospital of the hospital
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24 FUNERAL DIRECTOR Allen M. Rotruck RÖTRUCK FUNERAL HOME, KEYSER, W.V. 1250. Date REC'D. By REGISTRAR 139. RE	24 FL		Alle	n M. F	Potruck	RESS		250. C	DATE REC'D.	BY REGISTRAR	REGI	STRAP'S	SIGNATI	URE
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Minime state of them 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner

must be notified at ance.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10577

	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	9-1001	_
	1. DECEASED NAME FIRST (TYPE OR PRINT) Mary	Mary Ocie Ke	ys te	Y~	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
ı	3. SEX	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YES	
	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	White 76 CITIZEN OF WHAT COUN	VTRY? 8	D NEVER MARRIED		YRS. DR COUNTY OF DEATH	
1	Virginia III. CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N	WIDOWS		Allegany	Time where	MD.
1	Cumberland	Cumperland 1	STREET ADDRESS	ord Grab.	(TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIFE) INDUSTR	OOF BUSINESS OR
9		INTY 13c. CITY OF	e BEFORE ADMISSION) R TOWN erland	13d. INSIDE CITY LIMITS?		Marys Ave.	
	14 FATHER'S NAME FIRST W113	MIDDLE LAS		15. MOTHER'S MAIDEN N FIRST Maj	ry Jane Cull	ор	LAST
	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	5-8243	Mr. John D.	Hensell, Cu		. Son
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE TER	minal disease or coni	DITION GIVEN IN PART	1(0)
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	22d. PHYSICP IS NAME (THE	HALMO	2	22e. ADDRESS	Schler	st auch	eilad.
	230, BURIAL, CREMATION, REMOVA	More 9 3 OFF		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

retained by the haspital ar attending physician.

TO HOSPITAL

24 FUNERAL DIRECTOR NAME James F.Scarpelli, Comberland, Md.

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OR ATTENDING PHYSICIAN The

retained by the hospital or

TO HOSPITAL

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1-10313
1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
Mary	K. Malamphy		May 19 1979	9 / "
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White ·	July 29 1906	72 YRS	AONTHS DAYS HOURS MIN
70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	USA	WIDOWED DIVORCED	Allegany	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
LaVale, Md.	Woodlawn Ave.		Retired	INDUSTRY
130 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 136 CITY OR TOW Egany LaVale	E ADMISSION) N 13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Woodlawn Ave.	
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	****	LAST
James E. Mala	am phy	Br	idget Tooley	(A3)
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	Charles and the first
no	TE TAN ON DAILES	Mrs. Josep	oh Cowlehan Cum	perland, MD
Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause last.	DUE TO, OR AS A CONSEQUE	elerosis asl. A	ripertension	
PART 2 OTHER SIGNIFICANT	. 1	DEATH BUT NOT RELATED TO THE TERM		N IN PART 1(a
190 DATE OF OPERALION	1 cm a prouse	oto polato dia	boll other; de	reuse
190 DATE OF OPERATION 710. REGIDENT WAS UNDERLYING	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
		YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK			=/15	7/2
	n attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (our) opinion	death occurred an the date and hour	9 , that (t) (we) last and fram the couses stoted
22b. SIGNATURE	golf Joney.	DEGREE ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	May 19, 1979
224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	G1 G-1-11	7.1
Dr Fligghoth	h C Brings	55 Greene	St. Cumberland.	10.

23c NAME OF CEMETERY OR CREMATORY

Sunset Mem. Pk.

DHMH - 16 60M 7/73 (VR A 15 (4))

BP.

SCARPELLI FUNERAL HOME

23b. DATE

5-22-79

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR

CUMBERLAND, MD

ATORY 23d LOCATION
CITY OF TOWN
Cumberland Allegany MD
25d. Date RECD. By REGISTRAN 25b. REGISTRANS SIGN TURE
25d. Date RECD. By REGISTRAN 25b. REGISTRANS SIGN TURE

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. b. Daniverfood, . 30 pperce 37

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CALLED SECTION OF SECT

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	IEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIFFED.	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FLAVERA DIVINION	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE THE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED WITHIN 77 TO FUND 18	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	The state of the s
	W	ECU	GE	F	TER	17.00
	5	EXE	PA	5	AF	4 6

	1.	FOR STATE
- 1	1 -	STATE

STATE OF MARYLAND

- F	FOR			DEPARTMENT OF	FHEALTH	I AND MENTAL H	YGIENE		0 = 71	
	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE O	FDEATH REGIN	9-11	05/4	
1. DEC	EASED NAMI	FIRST		MIDDLE		LAST	2a. DATE KNOWN I	HINOM	DAY YEAR	7b. HOU
(TYPE	OR PRINT		Olive V	irginia M	c Abec	9	OF ESTI- DEATH MATED [5-2	9 1979	3 A
3. SEX		4. RACE	5. DATE OF BIRTH	1913 6. AGE (IN	YEARS IF UN			MONTH	DAY YEAR	2d. HOU
	male	White	May 30,1	.933 65	YRS.	HS DAYS HOURS		y 29	19 79	3A
FOR	RTHPLACE (S		76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED A NEVER MARRI	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	West V	irginia	USA		WIDOW		477	y		N
10. CIT	Y OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HOA	ME, OR OTH	ER INSTITUTION	120. USUAL OCCUPATION (TY	PE OF WORK 12	2b. KIND OF BU! OR INDUSTR	SINESS
	mberla		DOA S	acred Hear	t Hosp	pital	Housewife	a ce	Home	
USUA 13a. ST	ATE Md.	113b. COL		134 CITY OR TOWN		13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	Stree	tiple a	
14, FA	THER'S NAME		MIDDLE			15. MOTHER'S MAIDE	N NAME		-	
	FIRST B.	arney N		LAST		Ethel	Harrey		LAST	
16a. W		DEVER IN U.S.	ARMED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRES	5		1136
fie	no					Mr. Fran	k E. Mc Abee,	Cumber:		
	18 CAUSE O	F DEATH (Enter	anly one cause per line	e far (a), (b), and (c).)		Cononer	Occlusion		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEA
	1/10	ib.	IATE CAUSE (a)			coronary	occlusion		sudd	en_
	410			R AS A CONSEQUENCE						
		ns, if any, whi se ta immedia		Co	ronar	y Sclerosia	S			Dec 200
- 3	cause (a) lying cau	stating the und	DUE TO, OF	R AS A CONSEQUENCE	OF			+ ////		
	Tyling cao	10 1031.	(c)							
CERTIFICATION	PART 2 OTHER SI	GNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEAS	E OR CONDITION GIVEN IN PAR	RT 1 (a),			
CAT	19a DATE OF	OPERATION	196 CONDI	ITION FOR WHICH OPE	RATION W	'AS PERFORMED?			20 AUTOPSY?	
F									YES 🗌	NO K
	LINDERLYING	CAUSE WAS OR NG CAUSE C		M. MONTH DAY YEA		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART	2)	-13
	214 INTURY C	CCLIPPED	21e PLACE	OF INJURY (AT HOME,		CATION				
×	AT WORK	NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, ETC.]		STREET	CITY OF TOWN	COUNT	TY	STATI
			arge of the remains de	scribed above, held an	Autap	sy . Inspection	Inquiry X, as	nd in my apini	ian	
	death results		tural causes X;		vicide	, Hamicide .	Undetermined manner ,	is my spini		
		1	- 1	e -	/	TITLE (SPECIFY)				
	ACTUAL SIGNATUR	Leue	dist k	Hetare	lee M	Deputy Deputy	MEDICAL EXAMINER	DATE SIGNED.	May 29	197
	EXAMINER'S (TYPE OR PRIN	NAME Dr.	Benedict	Skitarelic	MD	ADDRESS Cum	perland, Md.			
23a. BU	RIAL, CREMA	ION,REMOVAL	23b. DATE	23c. NAME OF CI	EMETERY O	RCREMATORY	23d. LOCATION	COUNTY	Y STA	A TE
,01	Buria	ıl	5-31-1979	Hillcre	st Bu	rial Park	Cumberland.	Allega		116
24. FÚ	NERAL DIREC NAME	TOR James		lli, Cumber		12ta DATE D		STRARSSIG	1 He Cu	roly
			- For	, - winner	TOTAL 9 !	1300 0			93.	

BP.

DHMH - 17 (VR A15 ME (5) 15M 7/77

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	media.			all nini	GOV Jane
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****		orafol tra	orro.		
		due.	0 4		

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10575

	1-	FOR STATE			ALTH AND MENTAL F	7 (1	-105	75	
		REGISTRAR CEASED NAME FIR		WIDDLE	LAST	20. DATE KNOWN	V MONTH D	AY YEAR	7b. HOUR
	(TYP	La	ura Eli	izabeth	Murray	OF ESTI- DEATH MATED	May 8.	1979	7:30 M
		emale, White		YEAR LAST BIRTHDAY) 1907 72 YRS.	MONTHS DAYS HOURS	MIN. PRONOUNCED MA	MONTH D	19 79	74.30 R A.M
5	FO	RTHPLACE (STATE OR REIGN.COUNTRY) Maryland	16. CITIZEN OF WHA	A. w	MARRIED X NEVER MARR	ced Allegan	y		MD.
5	Cu	mberland,	D. O. A.	TAL, NURSING HOME, O ITY, GIVE STREET ADDRESS) Sacred Hea		120. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) HOUSEWAGE,		OR INDUSTR	RY
3	130 S	W. Va. M		RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN Ridgeley,	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Heiskell Blud	· Carpe	nter's	Add.
9		Charles	MIDDLE F.	Eaton	15. MOTHER'S MAIDI FIRST Elizabe	MIDDLE		Coutha	
2	(1)	VAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	217-10-7837		ence E. Nurray,	s Box 4 Sr. Rt	70 Rid	geley, W.Va.
		PART I DEATH WAS CA	EDIATE CAUSE (a)		METASTATIC CA	ARCINOMA	8	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		Canditians, if any, w gave rise to imme- cause (a) stating the un	chich diate (b)	S A CONSEQUENCE OF	CARCINOMA C	OF FACE,		13 yr	s.
	_	lying cause last. PART 2 OTHER SIGNIFICANT CONDI	(C)TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PA	RT 1 10 5			
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIC	ON FOR WHICH OPERATI	ON WAS PERFORMED?		20	0. AUTOPSY?	
3	CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M.	NONTH DAY YEAR	21c. HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)	YES [NO (X)
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK			STREET	CITY OR TOWN	COUNTY		STATE
			charge of the remains descri	bed abave, held an		n X, Inquiry X, a Undetermined manner	and in my apiniai ,	n	
4		ACTUAL SEM	edict Ski	tarelie	M.D. Deputy.	MEDICAL EXAMINER	DATE SIGNED _	May 8,	1979
1		EXAMINER'S NAME (TYPE OR PRINT)	Benedict Skit	arelic, M.	D. ADDRESS Rt.	# 9 Cumberland	Md. 2	1502	
	(5	URIAL CREMATION, REMOV Burial	AL 236 DATE 5/10/79	Sunset Me	morial Park.		Allegani		Cand
	24. FU	uneral director "Wayne George	202 Greene	St. Cumberl	1502 and Md 250. DATE	REC'D. BY REGISTRAR 256. REC	Listrar's SIGN	ATURE CO. BASE	ly

	(and)	inters (w	and and a	in.i
fare f, the first	(744)	20 4001	Tru. int	ender, mee
	X Allen			AND SAUGED
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15 VES.	CARCITAGE A OF MAGE,			
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	etat Paris, Cimersand, (Citi. May a 1970)			

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		FOR			EPARTMENT OF		ANDAENT	AL HVCIE	NIF					
	1-	STATE			ICAL EXAMIN				107	7.0	1	05	76	
		REGISTRAR	F FIRST	74122	MIDDLE		LAST	IE OF DE		REG. NO	MONTH	DAY Y	EAR 7	b. HOUR
		E OR PRINT)	WANDA	W.	N	EAT				STI-	-		79	B. HOUR
Ġ	3. SEX		1. RACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. TIE LI	NDER 24 HRS			MONTH			A HOUF
	FEI	MALE	WHITE	SEPT 9.	YEAR LAST BIRTHD	AY) MONTH			PRONOUNCE	D	5 2	רכ	79	
		RTHPLACE (S	STATE OR	76 CITIZEN OF WH		1			7. BALTIMOR					N
5		REIGH COUNTRY)	ND	USA		WIDOW	ED NEVER /	VORCED [A.	llegan	ly			445
-	10. C11	TY OR TOWN	OF DEATH		ITAL, NURSING HOME	, OR OTH	ER INSTITUTION	1 12a, U	SUAL OCCUPAT	ION (TYPE OF	WORK 12	b. KIND C		NESS
		A VAL		231 N	ATIONAL H	IIGHW	IAY	S	ECRETA	RY	T	AUNI	ORY	CO.
0	USUA 13a ST	L RESIDENCE	(IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSH	ON)	13d. INSIDE CITY LIA	AITS2 13e S1	REET ADDRESS					
		larylan		Legany	LaVale		YES AM N	0 2	31 Nati	onal	High	way		
^	14. FA	THER'S NAM		MIDDLE	LAST		15. MOTHER'S /		AE MIDDL	ē.	2 4 70 70	7 043		
9	14 14	HEN			WALKER		MAU				WIL	SON		
1	(YE	S, NO, OR UNKNO	D EVER IN U.S. AR	WAR OR DATES)	16b. SOCIAL SECURITY		17. INFORMAN			DDRESS	אסנו	MID	2.	162
		NO	OF DEATH (F.		215-16-4	.500	STANI	EX NE	AT, FR	OSTBU	JAG,		CIMATE IN	153
d		PART I DI	EATH WAS CAUSE		or (a), (b), and (c).)		Asci	tes;	Hydrotho	rax		Day	ONSET A	ND DEATH
5/1/5 MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Portal Cirrhosis								Days		-				
			ns, if any, which	165			POIT	al Cir	rnosis					
ň		cause (a	se to immediate) stating the <u>under-</u>	DUE TO, OR A	S A CONSEQUENCE	OF				-				
		lying car	use last.	(c)							5 3			
	_	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVE	N IN PART T (a).						
	MEDICAL CERTIFICATION													
1	ICA.	190. DATE OF	OPERATION	196. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED	?				20. AUTO	_	
	RTI	21a EXTERNA	AL CAUSE WAS	21b. TIME OF I	NILIDY	21, 40	W INTILIPY OCC	LIDDED CHE				YES	<u>=</u>	NO []
5	AL CI	UNDERLYING	G OR	HOUR A.M.	MONTH DAY YEAR	ZIC. HC	W INJURT OCC	UKKED (ENTE	R NATURE OF INJURY	N HEM 18 PART	I I OR PART	2)		
	DIC	21d. INJURY	NG CAUSE OF D		19 FINJURY (ATHOME.	211. LOC	ATION							
	ME	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, ETC.)	SI	REET		CITY OR TOWN		COUN	TY		STATE
	24	15		68 : 1			XX Inst	pection XX	· v	dr .				
		100		e af the remains descr al causes		Autaps	y Insp Hamicide		Inquiry X		n my apin	ion		
	36	dealli resoli	A LAGIO	or couses , ,	II 'L	cide	TATLE (SPECII	EY)	etermined manne	, L.				
		ACTUAL SIGNATURE,	Ben	edict	Stelar	lia	Deputy	/ ' ME	DICALEXAMINE		DATE SIGNED	5-21	-79	
2	-	EY A AA INIED'S	NAME Rened	ict Skites	colin W D		73/40	CHOST			0,0,0			
					celic, M.D.		0011200		perland,	Mary	Land	2150	2	
	23a.BU	PECIFY)	TION, REMOVAL 2	111	23c. NAME OF CEA			Cn	OCATION TY OR TOWN		COUNTY		STATE	
	24. FU	Bur INERAL DIREC		lay24,19	79 Frostb	urg	Mem. I	Park F	rostbu BY REGISTRAR	rg.	ALLO	gany		Md.
		NAME		ADDRESS			434. L		. KEUWIKAK			TOTORE	13	

BP. DHMH - 17

(VR A15 ME (5)) 15M 7/77

Durst Funeral Home, Frostburg, Md. 21532

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211 Marie Vincent				A BUNY 14
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66-13-5				
			ad in Cookbage	
S-21-39 Antal, Mary Levil 23-800 Sucola de La Caraco, elle	2.5, June 1			

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9 -	- 1	0	5	7	7
	0		V	V		

KEOISIKAK				REG. NO.	• . •			
DECEASED NAME	FIRST MIDDLE		LAST	20 DATE OF DEATH MONTH	20 DATE OF DEATH MONTH DAY YEAR			
	VIRGINIA	L.	NEVILLE	MAY 10, 1979		2:45P		
3. SEX	4 RACE		5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
FEMALE	W	HITE	NOV. 4.1949	29 YRS.	MONTHS DAYS	HOURS MIN		
BIRTHPLACE ISTATE	OR FOREIGN TO CITIZE	N OF WHAT COU	NTRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH			

BIRTHPLACE ISTATE OR FOREIGN PENNSYLVANTA

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MEMORIAL HOSPITAL

MARRIED NEVER MARRIED WIDOWED

ALLEGANY 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

12b KIND OF BUSINESS OR INDUSTRY *****

19 CITY OR TOWN OF DEATH CUMBERLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

JOHN

ALLEGANY

13c CITY OR TOWN LaVALE

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? NO X IS MOTHER'S MAIDEN NAME

FIRST

13e. STREET ADDRESS CLUBHOUSE ROAD

MIDDLE

MARYLAND 14 FATHER'S NAME FIRST

130 STATE

CERTIFICATION

MEDICAL

m 18 s

MPORTANT

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

NEW THE 16b SOCIAL SECURITY NO

BETTY 17 INFORMANT

SCHROCK

NO OR UNKNOWN) GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a), (b)

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6

190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AULOPSY? NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY 21e. PLACE OF INJURY

YEAR 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN COUNTY STATE

22a I certify that (I) (this haspital) attended the deceased from. sow the deceased alive on. obove, (1) (we) (did)/(did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour

MEDICAL

ond	fro	m	the	couses	stated	
	22c.	D.	ATE	SIGNE	D	

22d PHYSICIAN'S NAME TTYPE OR PRINTY

RANJITHAN

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

MEMORIAL MEDICAL BLDG CUMBERI AND MD

STAFF

23b. DATE

23d LOCATION

STATE

24 FUNERAL DIRECTOR

226 SIGNATURE

LAWN MEMORIAL

O P ild be deta the State I

filled bould b

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

VIRGINIA L. HEVILLE MAY 10, 1079 2:050. FEMALE WHITE ENV. 4.2040 20 A. J.O ALMAVIYEMMES 5-44-40 C GROW SAUCHBURY S X + X S STAVEL YMADRITA C GRACTYTA TORN DAVID LEVILLE BATTY BOLLOR H.A. 210-56-0792 MH. JOHN D. MAYILLE . OKTILLE
PER LI. PANJITHAN HEMDRIAL MEDICAL BLOG. CUMBERLAND, NO

BURLAL S/12/79 HAST LAW HERSTALL IK. LAVALS, MATCHANT, D.

SOURCE TOURNESS NO. 100 JANUARY RESTOR

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. No.	0		1	0		7	0
and and	u	ours.	1	11.	3	1	n
REG. NO.	4.3		1	U	U		v

REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O	FDEATH REG. NO.	9-10010
1. DECEASED NAME FIRS	T	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
(TYPE OR PRINT)	NILIOGA	VIVIEN	NORRIS	DEATH MATED	5 15 10 79 3
3 SEX 4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS IF U		24 HRS 2c. DATE	MONTH DAY YEAR 24 HOUR
	MONTH DAY		ITHS DAYS HOURS	MIN PRONOUNCED DEAD	
Female White 7s. BIRTHPLACE (STATE OR	7b CITIZEN OF W	1903 75 YRS.		9 BALTIMORE CITY OF	5 15 19 79 15:30A
FOREIGN COUNTRY)	The CHILLIA OF W	MAR	RIED NEVER MARRIE	D 🕱	COUNT OF DEATH
Maryland	U.	S	WED DIVORCE		Allegany MD.
10 CITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS)	HER INSTITUTION	126 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OR INDUSTRY
Cumberland	302 Pa	rk Street		Housekeeper-	
USUAL RESIDENCE (IF IN NURSING HO		IVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	llegany	Cumberland	YES NO	302 Park Stree	et.
14. FATHER'S NAME			15. MOTHER'S MAIDE	NAME	
FIRST	MIDDLE	LAST TO THE PARTY OF THE PARTY	FIRST	MIDDLE	Treiber
Milton 160. WAS DECEASED EVER IN U.S	Urner	Norris	Mary 17 INFORMANT	ADDRESS -	
	GIVE WAR OR DATES)				15 Deal Avenue
No		214-07-0741	M. Urner	Norris III I	aVale, Md
18 CAUSE OF DEATH (Ente	er only one cause per lin	e far (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CA	DIATE CAUSE (a)		CORONARY O	CCLUSION	SUDDEN
410-	DUE TO, OI	R AS A CONSEQUENCE OF			
Canditians, if any, w			CORONAR	Y SCLEROSIS	
gave rise to immed cause (a) stating the un		R AS A CONSEQUENCE OF	O O A O A I I A A I		
lying cause last.					
PART 2 OFHER SIGNIFICANT CONDIT	IONS CONTRIBUTION TO DEATH	RUT NOT RELATED TO THE TERMINAL DISE.	ACE OF CONDITION CIVEN IN PAR	T 1 (a)	
			on constitution of the first and	7 7 142	
196. DATE OF OPERATION 216 EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE WHILE NOT WHILE	TINE COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
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210 EXTERNAL CAUSE WA	5 21b. TIME C	Tal.	HOLV IN HILLIEN OCCUPANT	D LENTER NATURE OF INJURY IN ITEM 18 PAIL	YES NO
UNDERLYING OR		M. MONTH DAY YEAR	HOW INJURY OCCURRED	D TEMIER MATURE OF INJURY IN THEM 18 PAR	II I ORPANIZI
CONTRIBUTING CAUSE					
21d INJURY OCCURRED WHILE IN NOT WHILE		OF INJURY (ATHOME. 211. L	OCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE AT WORK AT WORK					
00-1-15-1-1-1	L (AL	scribed obave, held on Auto	psy . Inspection	X, Inquiry X, and i	n my opinion
220. I certify that I took o					n my opinion
death resulted fram:	Natural causes .	Accident L., Suicide L	Homicide/	Undetermined manner,	
ACTUAL B.	1 +	bite 1'	TITLE (SPECIFY)		DATE MAN 35 GO
SIGNATURE	edict VI	enarsle	M.D. Deputy	MEDICAL EXAMINER	SIGNED May 15,79
EXAMINER'S NAME					
(TYPE OR PRINT)	enedict ski			ERIAND, MARYLANI)
236. BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY	OR CREMATORY	1234 LOCATION	CONHIA STOR
Burial	May 18/79		Cemetery	Cumberland All	Legany Maryland
24. FUNERAL DIRECTOR	ADDRES	404 Deeat	ur St BEDATER	V 1 Q 1070	Eng Mc Oronly
Sileox-Merritt		rvice.Cumberlar	nd Md	1701010	/ /

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNRRAL DIR. PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG WITH FORM PM. 3 RETAIN PAGE 5 FOR YOUR TO FUNRRAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAT-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 73 PAFER DEATH, WITH THE STATE DEPARTAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W, PRESTON 9 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1- 5	STATE REGISTRAR		MED	ICAL EXAMINI	ER'S C	ERTIFICATE O	F DEATH	REG. N	79-1	057	9
		EASED NAME OR PRINT)	FIRST		WIDDLE	l	AST		ATE KNOWN A		DAY YEAR	26 HOUR
	3971)	OR PRINT)	WILL	IAM C	LIFFORD	OFT	EN		ATH MATED	5-22-	7919 8	30a M
	3. SEX	4. R/	ACE	5. DATE OF BIRTH	YEAR 6 AGE (IN YEAR		DER TYR. IF UNDER		DATE IOUNCED	MONTH	DAY YEAR	2d HOUR
u	Me	ale W	Thite	10-11-29	9 49 _{YR}	S. MONTH	S DATS HOURS		DEAD		79 19 8	30a M
	76 BIR	THPLACE (STATE O	OR .	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MARRI	ED L	LTIMORE CITY		OF DEATH	
5		Maryla		USA		WIDOWI			Allega	-		MD.
0		ry or town of d cumberlan		(IF NOT IN SUCH FAC	PITAL, NURSING HOME, CHITY, GIVE STREET ADDRESS) AL HOSPITAL			100001.0	CCUPATION (TYPE F WORKING LIFE) LCTLON F		OR INDUSTI	V
			NURSING HOME O	R OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSIO	N)						
5	Ma Ma	aryland	13b. COUNT	egany	Cumberlan		13d INSIDE CITY LIMITS? YES NO 🗱	Rt. #	1 Box 3	1.1 Locu	ist Gro	ve.
		THER'S NAME James		MIDDLE	Often		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
G						1110	Alice 17. INFORMANT		L.		laines	-
1		AS DECEASED EV S, NO OR UNKNOWN)	1951	war or pates) - 1956	212-24-126		Mrs. Alice	e L. Wi	llett, P	Ridge 0. B	ley w.	Va.
			ATH (Enter on	ly ane couse per line DBY:	far (a), (b), and (c).)		Coronary	Thromb	osis, Le	ft	APPROXIMATI	T AND DEATH
		16,0	IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE O	26					Sudde	211
			f any, which	(b)	AS A CONSEQUENCE C	71	Coronary	Sclero	sis			
			ing the under-	S .	AS A CONSEQUENCE C)F				# F 2 T		
		PART 2 DTHER SIGNIFIC	CANT CONDITIONS	(c)	BUT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PA	8T 1 lol				
×	N				Hypertrophy							
	ATIC	19a. DATE OF OPE	ERATION		ION FOR WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY	?
1	LIFIC										YES 🗋	NO 🗌
3	MEDICAL CERTIFICATION	210. EXTERNAL CA	OR		MONTH DAY YEAR		OW INJURY OCCURRE	D LENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2	")	
	DIC	CONTRIBUTING [DE INJURY (AT HOME,	21f. LOC	CATION					-
	ME	WHILE AT WORK		STREET, FACT	ORY, FARM, ETC.)	5	TREET	СПҮ	OR TOWN	COUNT	Υ	STATE
		22a. I certify th	at I taok charg	je of the remains des	cribed above, held an	Autops	y . Inspectio	in X, Inc	quiry K, a	nd in my apini	an	
		death resulted fr	ram: Natu	ral causes 🔼	Accident	**		Undetermin	ed manner			
		ACTUAL /	P	1.71	7.	1	TITLE (SPECIFY)			DATE	5-22	-79
-		SIGNATU	Ruea	ica Total	marie	11.	Deputy Deputy	MEDICAL	EXAMINER	SIGNED.	/	12
d		EXAMINER'S NAM	ME Bene	edict Ski	tarelic, M.I		ADDRESS	dumberl	and, Mar	yland	21502	
	23a.Bl	Burial	V,REMOVAL I	5/25/79	231. NAME OF CEA Restlawn			Laval	e, Alle	COUNTY	Maryl	and
		INICOAL DIDECTOR	11 (1)		000 0	0.		REC'D BY REG	ISTRAP 175h REC	SISTRAR'S SIG	NATURE_	

DHMH - 17 (VR A15 ME (5)) 15M 7/76

JNERAL DIRECTOR H. Wayne George 202 Greene St. George, Cumberland, Md. 21502

MAY 29 1979

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DHMH · 17 (VR A15 ME (5)) 15M 7/76 FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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DEC	wh	9	-		U	J	U	U	

		EASED NAME	FIRST	A	MIDDLE		LAST			20. DATE KNOV		DAY Y	EAR	Zb. HOUR
1	{TYPE	OR PRINT	ry	Lou		P	augh			OF EST		29 197	79	3 A.
	3. SEX	4. RAC	E 5	DATE OF BIRTH	YEAR LAST BIRTHO			IF UNDER 2		2c. DATE	MONTH	DAY		2d HOUR
4	F	emale W	hite	July 15 1	1928 50 Y	, more	DAYS	HOURS	MIN.	PRONOUNCED DEAD	5	29 19	79	LA M
1		THPLACE (STATE OR	7	b. CITIZEN OF WHA	T COUNTRY?	8. MARRI	ED NE	VER MARRIE	D []	9. BALTIMORE	ITY OR COUN	TY OF DEAT	TH	
5	POR	W. Va.		U. S. A.	A TURES	WIDOW		DIVORCE		Alleg	any			MD.
1	10. CIT	Y OR TOWN OF DEA	ATH I	I. NAME OF HOSPI	TAL, NURSING HOME	OR OTH	ER INSTITU	TION		JAL OCCUPATION		12b. KIND C		
U	W	esternpor	t Md.	Kolberg	Hill, Wes	ternp	ort,	Md.		eaning I		Hosp:	ital	
	USU A1	ATF	RSING HOME OR		RESIDENCE BEFORE ADMISSI	ON)	13d. INSIDE O	ITY LIMITS?	13eSTR	EELADDRESS				
5		W. Va.	Miner		Piedmont		YES	NO 🗆	33	Third S	t. Pied	mont,	W.	Va.
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTH	ER'S MAIDE	NNAME	MIDDLE		LAST		01
1		Grover			Bosley			Viola		V.		Eva	ans	
3		AS DECEASED EVER S, NO, OR UNKNOWN)	IN U.S. ARME		166. SOCIAL SECURIT		17. INFOR	THAM		AD	DRESS			
5		No			212-24.	-0242	Ro	ger L	Mor	gan Kolb	erg Hil			
		18 CAUSE OF DEAT	H (Enter only	one couse per line fo								BETWEEN	ONSET	AND DEATH
		11190		CAUSE (a)			of	Throa	at,	genera	lized	mo	ont	hs
		1410		DUE TO, OR A	S A CONSEQUENCE									
		Conditions, if gave rise to	immediate	(b)	Carci		of	throa	at			9	m	onths
		couse (a) stating lying couse lost.		DUE TO, OR A	S A CONSEQUENCE	OF								
				(c)										
	z	PAKI Z OTHER SIGNIFICAN	II COMOITIONS CO	NIRIBUTING TO GEATH RU	T NOT RELATED TO THE TERM	IINAL OISEASI	OR CONDITIO	N GIVEN IN PAR	T 1 (a).					
1	CERTIFICATION	19a. DATE OF OPERA	ATION	TIPE CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFOR	MED?				20. AUTO	OPSY?	
/1	FIC											YES	_	поП
7	ERT	210. EXTERNAL CAU	SEWAS	21b. TIME OF II		21c. HC	OW INJURY	OCCURRED) (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR P.		-	
5		UNDERLYING CONTRIBUTING			MONTH DAY YEAR									6 19
	3	THE INTITION OCCUP	DED	21e. PLACE OF	INJURY (AT HOME.		CATION		300	35.77				
7	×	WHILE AT WORK AT W	WHILE	STREET, FACTOR	RY, FARM, ETC.]	S	TREET			CITY OR TOWN	CC	YTMUC		STATE
5				of the remains days	ibed obove, held on	Autop		Inspection	- Port	Inquiry KX	and in my o	pinion		
		death resulted from		-		icide	, Homi			lermined manner	Gild III my o	риноп		
		deam resulted from	n: INGTUTO	couses = . A	D ~	icide L		SPECIFY)	Office	ermined manner				
		ACTUAL SIGNATURE	Be	en dist	Shitai	.00 4		uty	MED	OICAL EXAMINER	DATE	5/2	29/	79
1					- Auto-		9							
1		(TYPE OR PRINT)	Bened	lict Skits	relic		ADDRESS_	Balt	imor	e Pike,	Cumberl	and Mo	1.	
	23a.BL	JRIAL, CREMATION,	REMOVA 236	DATE	23t. NAME OF CE			ÖRY		OCATION OR TOWN	COL	INTY	STA	TE
	(3)	Burial	1	6/1/19	Bloomin	gton	Cem.			comingto		rett	Md.	
	24 FL	NAME NAME	reder	10 UDDRESS	my		1			Y REGISTRAR 251	REGISTRAR'S	SIGNATURE		t _{ed}
		Boals Fun	eral S	ervice, P	· Al Weste	rnpo	rt Md	· JUN	8	1979	Listan	hall.	- Ar	

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that the death certificate be

TENDING PHYSICIAN: The law requires

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGIST	TRAR	•,			CERTIF	ICATE OF DEATH	REG.	NO. 9	-103	0 1
DECEASED (TYPE OR PRINT)		FIRST		AIDDLE		BLES	20. DATE OF DEATH		DAY YEAR	26 HOUR 2:00P
SEX Fe	male		4 RACE	ite	5. DATE C		6 AGE (IN YEARS LAST)		IF UNDER 1 YEAR	# UNDER 24 HRS
a BIRTHPLAC COUNTRY)	Md (STATE OR FO	REIGN	U.S.	-	WIDOWE		9 BALTIMORE CITY Alle	OR COUN		MD
	ERLANI			HOSPITAL, NURSI		TAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSE	ATION TOF WORKING Wife	12h KIND (INDUSTRY	OF BUSINESS OR
3n STATE	Md		other institution	Lonaco		13d INSIDE CITY LIMITS?	13. STREET ADDRES	st Ma	in Str	eet
	NAME FIRST harle		MIDDLE	Staf1	ford	Sarah	WE]	Blubaug	gh
60 WAS DEC	EASED EVER		MED FORCES? WAR OR DATES)	16b SOCIAL SEC	URITY NO.	17 INFORMANT Mrs.Thomas		Lon	aconin	g, Md.
18 CAU PAR	ISE OF DEATH IT I. DEATH W	AS CAUSE	D BY: E CAUSE (0)	SEVER AS A CONSEOU	FRE	CHRONIC O	BSTRUCT			RIMATE INTERVAL LONSET AND DEATH
gove	tions, if any, rise to imm 101, statin ying couse	nediate g the	DUE TO, O	r as a conseol	uence of					
			CONDITIONS CO	1 1		NOT RELATED TO THE TERM		ONDITION G	GIVEN IN PART 1	(a)
CERTIFICATION 19a DAT 21a. ACC	E OF OPERA	ION	19b COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSES YES [
	TRIBUTING C	AUSE OF DE		M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8, PART 1 OR PART 2)	
QUE CON (IF EITHE 21d IN)	URY OCCURE	HILE CT	21e PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR 1	IOWN	COUNTY	STATE
sow	v the deceose	d olive on	-	e deceosed from	79 . 01	nd that in 1979 (our) opinion of	deoth occurred on the	dote and h	our and from the	
	SNATURE	8	natio	70			MEDICAL ST DIRECTOR PHY	TAFF SICIAN [57	8/79
DR.	· A.	5. N/	ATHAN			CUM	ORIAL ME BERLAND,		L BUILD	ING /
30 BURIAL C	urial	REMOVAL	136_DATE /	79 ²³ 6		EMETERY OR CREMATORY				Mariate
ETC.	DIRECTOR hhorn	Fun	eral H	ome ADDRESS	nacor	ning, Md. MA	REC'D. BY REGISTRA Y 1 1 1979	AR 25b. RES	STRAR'S SIGNA	Creedy

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 721 with the State Dept. of Health and Atental Hygene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at one of the process.

DHMH - 16 50M 7/77 (VR A 15 (4))

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ATTENDING PHYSICIAN. The faw requires that the

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TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J		U	V	0	Gate

		REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO.	1-1050	
	1. DE (TYPE	CEASED NAME ORPRINT)	DORO		VIRGINIA	PC	LING	MAY 15,	1979	26. HOUR 9:40
	3 SE	× Female,	4	RACE Whi	te	S. DATE C	5, 1914 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS A
at once.		RTHPLACE (STATE OR FORE	EIGN 71		WHAT COUNTRY?	MARRIE WIDOWE	DXX NEVER MARRIED ED DIVORCED	9. BALTIMORE CITY <u>OR</u> COU Allegany	INTY OF DEATH	
Po Sified		CUMBERLA	ND	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	SPIT	AL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN HOUSEWISE,	NG LIFE) INDUSTRY	Home
r must be	13a 9	AL RESIDENCE (IF NURSING STATE TO THE PROPERTY OF THE PROPERTY	B HOME OR O 3b COUNT Alle	THER INSTITUTION Y Gany	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	Knob Rd. Rt.	twiterland # 8 Knob	d, Md. Rd. 21
examine	14. FA	Vincent	MIL	DDIE	Carpent	ti	15. MOTHER'S MAIDEN NA	MIOOLE		Ecioni
e medicol		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	214-07-1		Mr. William 1	Poling, Rt. # 8		502 and, M
0										
ony injury,	CATION	PART 2. OTHER SIGNIF					NOT RELATED TO THE TERM		FYES, WERE FINDIN	NGS USED
18 shows ony injury,	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	TION FOR WHICH		N WAS PERFORMED	20a. AUTOPSY? 20b. 16	FYES, WERE FINDING CAUSES YES	NGS USED
irked or Item 18 shows ony injury,	MEDICAL CERTIFICATION	190 DATE OF OPERATION	ON RLYING USE OF DEATH EXAMINER) D E	21b. TIME O HOUR A. P 21e PLACE	FINJURY M. MONTH DA	OPERATIO Y YEAR 19	N WAS PERFORMED	20a. AUTOPSY? 20b. IN CE	FYES, WERE FINDING CAUSES YES	NGS USED OF DEATH? NO
em 21 is marked ar Item 18 shows ony injury,		190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE	ON RLYING USE OF DEATH EXAMINER) D E his hospito	21b. TIME O HOUR A. P. 21e PLACE (AT HOME. STR	FINJURY M. MONTH DA M. OF INJURY eeer, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURE 21f LOCATION STREET and that in (psf) (our) opinion of	200. AUTOPSY? 200. IN CE YES NO.	FYES, WERE FINDING CAUSES YES A 18, PART I OR PART 2) COUNTY hour and from the	NGS USED OF DEATH? NO STATE that W (we) couses state
ITANT: If Nem 21 is marked ar Item 18 shows ony injury,		190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL 210. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 220. I certify that MIT sow the deceosed above. If we'll did	ON REVING USE OF DEATH USE OF DEATH EXAMINER) D E Olive on Olive on	21b. TIME O HOUR A. P. 21e PLACE (AT HOME. STE	FINJURY M. MONTH DA M. OF INJURY eeer, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURS 216 LOCATION STREET 19 19 10 DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? 200. IN CE YES NOWN RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDING CAUSES YES A 18, PART 1 OR PART 2) COUNTY 19 7, hour and from the	NGS USED OF DEATH? NO STATE that W (we) couses state SIGNED
IMPORTANT: If them 21 is marked ar them 18 shows any injury,	MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOT IFFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK NOT WHILL SOW the deceosed above, JK (we) Idid 22b. SIGNATURE	ON REVING USE OF DEATH EXAMINER) D E III ALE (TYPE OR P	21b, TIME O HOUR A. P 21e PLACE (AT HOME, STR View the body	FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA deceosed from office deceth.	Y YEAR 19 ARM, ETC.)	216 LOCATION 216 LOCATION STREET 217 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220. ADDRESS MEMO	200. AUTOPSY? YES NO XX NO XX NO XX CITY OR TOWN TO STORY MEDICAL STAFF	COUNTY COUNTY 19 9 10 DATE 10 DATE 10 DATE 11 DATE 12 DATE 12 DATE 13 DUILDII	NGS USED OF DEATH? NO STATE that W (we) couses state SIGNED

DHMH - 16 50M 7/77 (VR A 15 (4))

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MARYLAND STATE DEPARTMENT OF HEALTH

1			M.	ARYLAND	STATE DE	PARTMENT (OF HEALTH	-				
									70-	-105	583	
			MEDIC	CAL EXAM	AINER'S	CERTIFICAT	re of de	ATH	10	100		
• 1.		First		Mid	dle	Lost		2	O. DATE KNOWN	Month	Doy Yeor	2b. HOUR
	(Type of Trill)	Edga	ar	Harmon		Racey				□ 5-	27-79 198	:30 aM
3.	SEX	4. RACE			6. AGE (In ye	ars IF UNDER TYE				NCED DEAD		2d. HOUR
	Male	White	9-19-	-93			13 MOUKS	MIN	Month	5-2	7-79 19	5"30aM
		or foreign 78	. CITIZEN OF WH	HAT COUNTRY?	8.	MARRIED NEVER	MARRIED	9. COUNT	Y OF DEATH	11111		
-	Virg:	inia	USA						Allegan;	У		Mo
10			11. N	AME OF HOSPITA	AL OR INSTITU	TION (If not in hosp	pitol 12o. U					JSINESS OR
-											INDUSTRY	
€ 13	J. USUAL RESIDENCE	E (Where deceose	d lived, if institu	ution: Residence	before 13c.				Be. STREET AND 1	NUMBER		
			A	llegany	7 (Count	y Infi	rmary	
14	FATHER'S NAME				Lost	1S. MOTHER'S	MAIDEN NAME			Middle		st
0								Hann			Groves	
JO 16												
3/-	MO			UNK	•	vallie i	telds,	Spri	ngfield	, W. \		
=	IB. CAUSE OF	FATH WAS CALISED	RV.				10-526				BETWEEN ONS	ET AND GEATH
- X	1900	IMMEDIAT	E CAUSE (o)			cinomatos	is, ger	neral:	ized	100	Mont	hs
E	Conditions if a	ny which now	DUE TO, OR	AS A CONSEQU								
BVe			(b)			cinoma of	Eye				Ye	ars
ou		derlying couse	DUE 10, OR	R AS A CONSEQU	ENCE OF							
⊆ □		,	(c)							1		
puo	PART 2. OTHER S	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH E	BUT NOT RELA	TED TO THE TERMINA	AL DISEASE OR	CONDITION	GIVEN IN PART 1	(0)		
0 NO	190 DATE OF O	PERATION		TIPE CONDITION	N FOR WHICH	OPERATION					20 AUTOD	cva
E S	Tho. DAIL OF O	EKATON				OFERATION						
re re	210. EXTERNAL (CAUSE WAS	21b. TIME OF	INIURY Month I	Dov Year	21c HOW INITIES	OCCURRED (Fr	ater noture	of injury in Port	Los Port 2		I NO X
2 5	PRIMARY OF DEAT	R CONTRIBUTING	HOUR A.	.M.	10		o cconnes (E)	ner norore	or injury in Fort	. 01 1011 2,	Henri ID.)	
MFD	21d. INJURY OCC	URRED 21e. PL	ACE OF INJURY (At home form.	street,	21f. LOCATION Str	reet or R.F.D. No		City or Town		County	Stote
em	WHILE NO	T WHILE T	ory, office buildin	ig, etc.)								
			ok charge of t	he remains d	oscribad ab	ove held on A	utoney 🗆	Inch	etic pXIX X	Inquiry X	XI and in a	mu opinion
91									Parameter 1		_	пу ориноп
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- io	ACTUAL	130.00	diet	Bita	00:				NED	22b. DAT	E SIGNED	
E.	6	June 1	CARAL A	SALLEY!	une							0
=		Benedict	Skitar	dlic. M	1. D.					-may		2
2 2	o RIIRIAL CREMAT	ION 235 F				ERY OR CREMATOR	у	23d L	OCATION (City or	Town)	(County)	(Stote)
	Burial Speci	^{ty)} 5/2	29/79								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					ADDRESS		2So. REC'I	D BY REGIS	TRAR 2Sb.	REGISTRAR	C CICHIATHDE -	
	Wendt,	Cumber1a	nd, Mar	yland			DATE M	AY 31	19/9	prop	7/MUN	ody
The same and the s	Heoliff prior to buriot, cremation, or removol, and in any event within 72 hours, after a count.	(Type or Print) 3. SEX Male 70. BIRTHPLACE (Stote country) 10. CITY OR TOWN OF Cumber: 13a. USUAL RESIDENC odmission) STATE 14. FATHER'S NAME 16o. WAS DECEASED EV (Yes No or unknown) 1B. CAUSE OF PART 1. D Conditions, if or rise to immed stoting the unlast. PART 2. OTHER: 21o. EXTERNAL of PRIMARY Of CAUSE OF DEAT 2. DITHER: 21d. INJURY OCC WHILE AT WORK AT WOR	The state of the s	I. DECEASED NAME (Type or Print) Edgar	The control of the	MEDICAL EXAMINER'S I. DECEASED NAME (Type or Print) Edgar Harmon 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in ye lout birthdo) Male White 9-19-93 85 TO. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. OUTPOON 9. OUT	1. DECEASED NAME (Type or Print) Edgar Harmon Racey 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Introduced both both down) MONTHS DATE OF BIRTH Male White 9-19-93 85 YRS MARRIED NEVER WIDOWED DATE OF TOREIN NAME OF HOSPITAL OR INSTITUTION (If not in hosp country) Virginia USA USA WIDOWED The print WIDOWED WIDOWE	1. DECEASED NAME	SECULD CONTINUE STATE SENTINE SERVINE SERVINE	DECEASED NAME First Middle Lost Death To grammark To gramm	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 9 - 0 0 1. DECEASED NAME [Type or Print] 1. DECEASED NAME [Type	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 9 - 1 0 5 8 3 Company

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within 24 hours ofte

TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed

etained by the hospital or attending physician

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10584

			WIDDLE	****			REG. NO					
	1. DECEASED NAME (TYPE OR PRINT)	FIRST			LAST			монтн	21	79	5:30	
		Anna	E. Ra					May				M
	3 SEX	4 RAC		Jui	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDE	DAYS	IF UNDER 24	4 HRS
	Female		White		У 22	1911_	67	YRS	V 07 D	. *11		
Z	COUNTRY)	OR FOREIGN /b C I	TIZEN OF WHAT CO	MARRIE	D NEVER MA	RRIED	9 BALTIMORE CITY O	_	T OF DE	AIH		
9	MAR YLAND	25.4711	U.S.A.	WIDOW		RCED	ALIE	gany	Time	*****		MD.
1	Frostbur	g Fro	stburg Co	ommunity		UTION	TYPE OF WORK FOR MOST OF SEAMSTRES			HIRT	FAC'	
5	USUAL RESIDENCE (IF)	13b COUNTY Allegan	13c. CITY	or town stburg	YES N	Y LIMITS?	Rt. 2 Bo	x 305	5			
0	14 FATHER'S NAME FIRST JOHN	WIDDLE		app	15. MOTHER'S A		MIDDLE			Kro	11	
	160 WAS DECEASED EY (YES, NO OR UNKNOWN		R DATES)	1AL SECURITY NO.	MRS AT		ADDRE		2,FF		BURG	j
		EATH Enter only one H WAS CAUSED BY IMMEDIATE CAL	couse per line for to				ion		8		MATE INTERV	ATH EATH
		ony, which immediate	OUE TO, OR AS A CO	VD and Co	ronary I	<u>nsuffi</u>	ciency	-0		10 <u>y</u>	rs?	
	1 3											
	PART 2 OTHER S				NOT RELATED TO	O THE TERM	INAL DISEASE OR CONI	DITION GI	VEN IN F	PART 110		
2	PART 2 OTHER S 190 DATE OF OPE Non	Dial PRATION	itions <u>Contribut</u> betes Mel 96 CONDITION FOR	litus			INAL DISEASE OR CONI	20b. IF YE	S, WERE	FINDIN	GS USED OF DEATH	
2	196 DATE OF OPE Non 210. ACCIDENT WAS	Pation 1 1 2 2 1 2 2 2 2 3 4 4 4 4 4 4 4 4 4	betes Mel	litus R which operation	DN WAS PERFORA	MED	20e AUTÓPSY?	20b. IF YE IN CERTI	S, WERE	FINDIN	GS USED OF DEATH	
2	WEDICAL CERTIFICATION OF CONTRIBUTION OF CONTR	Dia RATION P UNDERLYING 2 CAUSE OF DEATH EDICAL EXAMINER) URRED 2	betes Mel	Titus R WHICH OPERATION NTH DAY YEAR 19	DN WAS PERFORA	MED JRY OCCURR	200 AUTÓPSY?	20b. IF ÝE IN CERTI Y LY IN ITEM 1B.	S, WERE	FINDIN CAUSES	GS USED OF DEATH	1?
2	WHILE AVORK A 270.1 certify tho	PATION CAUSE OF DEATH EDICAL EXAMINER) URRED 27 URRED 27 UNORK 10 (1) (this hospitol) of eosed alive on	betes Mel 9b CONDITION FOR 1b. TIME OF INJURY HOUR A.M. MON P.M. 1c. PLACE OF INJUR AT HOME, STREET, FACTOR Thended the decesse 21 May	TH DAY YEAR NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) rd from AP	216 HOW INJU	MED URY OCCURR	ZOO AUTOPSY? YES NOX	20b. IF YE IN CERTINY Y IN ITEM 1B.	S, WERE IFYING C ES PART 1 OR I	FINDING PART 2)	GS USED OF DEATH NO STAT	te e) last
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page should be detached for use as the buriot-transit permit. Then please remove corban pages. Pages I and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to buriot, cremation, or removal. MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be natified of once.

STATE OF MARYLAND

	1.	STATE			DEP		EALTH AND MEN		ENE				
		REGISTRAR				CERTIF	ICATE OF DEAT	TH .		REG. NO.	7 9	- 10	585
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF D	EATH MC	ONTH D	AY YEAR	2b. HOUR
	(,,,,,	Darrier,	ANNA		P.	RE	ED	200	MAY	11,	1979		5:00A
	3. SE)	X	1	RACE		5 DATE C			6. AGE (IN YEAR	S LAST BIRTHD		IF UNDER I YEAR	
		FEMALE		WHITE		o'C'I'	BER 5, 1	901	77		YRS.	ONTHS DAYS	HOURS MIN
_		RTHPLACE (STATEORFO	REIGN 7	L CITIZEN OF		TRY? 8	NEVER MARR	IED []	9 BALTIMORI	CITYOR		OF DEATH	US IS A
5	M	ARYLAND		U.S.	A.	WIDOW			ALDEC	ANY			M
	10 CI	TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NI	URSING HOME	OR OTHER INSTITUT	ION	120 USUAL OC			12b. KIND C	OF BUSINESS OR
0		JMBERLAND				HOSP I	TAL		HOUSE	WIFE	ORKING (IPE	OWN I	HOME
E	13a, S	AL RESIDENCE (IF NURSI	13b COUNT		FROST		13d. INSIDE CITY L		130. STREET AC	DRESS MAI	N ST		
	14 FA	THER'S NAME	M	IDDLE	1AS	I-	15 MOTHER'S MA			MIDDLE		naa la	ST
0		ENOCH			RICHAR			NIE				RICE "	
1		VAS DECEASED EVER (NED FORCES?		SECURITY NO. 5-0372 E	MR. A. V	JAVNE	PEFT	ADDRESS		MD 4	21 622
		110					Part - At -	ANTME	Tusine,	FILOSI	Dorra		
		18 CAUSE OF DEATH PART I. DEATH W.	4 (Enter only AS CAUSED	one couse per BY	line for (o), (f	b), and ic	Cardial	ink	areti	1704		BETWEEN	ONSET AND DEATH
		11.	IMMEDIATE	CAUSE (o)	7 cu	ix myr	Cerriai	mo	aura	CVI			
	144	410-		DUE TO, O	R AS A CONS	SEQUENCE OF							
П	Ţ.	Conditions, if ony, gove rise to imm		(b)				-					
		couse (a), stating	g the lost	DUE TO, O	RASACONS	SEQUENCE OF							
				((c)									
	Z	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	OR CONDIT	ION GIVE	EN IN PART 1	01
-	CERTIFICATION	190 DATE OF OPERAT	ION	19h COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	20g AUTOP	SY? I	Ob. IF YES.	WERE FINDI	NGS USED
0	IFIC											TING CAUSES	
3	ERT	71a. ACCIDENT WAS UND	ERLYING -	21b. TIME O	F INJURY		21c. HOW INJURY	OCCURR		- [110
U		OR CONTRIBUTING C			M. MONTH								
	MEDICAL	(IF EITHER, NOTIFY MEDICA		P. 21e PLACE		19	21f LOCATION						
Н	ME	WHILE NOT WH	ILE 🗍			FFICE, FARM, ETC.)	STREET		C	ITY OR TOWN		COUNTY	STATE
		220.1 certify that		al) ottended th	e deceased f	rom 5 -	-10-19	79	to	5-	11-	079	that W (we) last
	16	sow the decease	d olive on	5-11	-		nd that in (our)	opinion d	eoth occurred	on the date	and hour		(
		22b. SIGNATURE	id) (did not	view the body	offer deofh		DEGREE		/			22c. DATE	SIGNED
		-	4	sua	hour		ATTEN PHYS	IDING	MEDICAL DIRECTOR	STAFF	N		
	23	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT				-	IAL M			LDG.	
1		DR. A.	S. N	NAHTA					RLAND			502	
		BURIAL, CREMATION, I	REMOVAL	23b DATE	No. B. H	23c NAME OF	EMETERY OR CREM		23d LOCAT	ION		COUNTY	STATE
١	(:	BURIAL		MAY 13	,1979	SUNSET	MEMORIAL	PARK				LEGANY.	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR DURST FUNERAL HOME, FROSTBURG, MD.

DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

28801-ev V			
Appel 11, 1979 . Stock		Bill P. Al	
	, 16th		Talking .
TERRESTA	X.	.4.0.0	
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MEDICAL BLDG. BLLAND, ND. 21502	IOMSH III	MAHTAN	T
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notified of once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REG	7	0	_	1	0	5	8	F
REG	Nd.	J	_	-1	U	J	U	-

1.	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO. 9 -	10586
	CEASED NAME FIRE OR PRINTS		AIDOLE	LAST	Te. DATE OF DEATH	DAY YEAR 26 HOUR
	H	IAZEL CLE	mentine ROGE	ERS	MAY 13, 1	979 5:05P _M
3. SE	x Female	4 RACE White		E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF		RIED NEVER MARRIED WED DIVORCED	P BALTIMORE CITY OR COUNTY Allegany	OF DEATH MD.
C	CUMBER LAND	(IF NOT IN SUC MEM	HOSPITAL, NURSING HOM H FACILITY, GIVE STREET ADDRESS) OR IAL HOSP	TAL	(TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWILLS)	128 KIND OF BUSINESS OR INDUSTRY OWN Home,
Ma	state and 13b	one or other institution. Sunty Legany	GIVE RESIDENCE BEFORE ADMISSION CUMBERLAND,	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 883 Patterson A	ve.
14. F	Edward	MIDDLE	Bailey	15 MOTHER'S MAIDEN NA FIRST Jeanette	WIDDLE	Cook
3	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF Y	.S. ARMED FORCES? ES, GIVE WAR OR OATES)	215-12-2578		Rogers, 883 Patte	
	18 CAUSE OF DEATH (Er PART I. DEATH WAS C	nter only one couse per CAUSED BY: (EDIATE CAUSE (0)	line for (0, (b), and g)	nia.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if ony, who gove rise to immedia couse to storing to underlying couse to PART 2 OTHER SIGNIFIC	tch (b) DUE TO, O	R AS A CONSEQUENCE OF IN SECULATION R AS A CONSEQUENCE OF DIVIDING TO DEATH B	lete Attes	or 5 tump left leg sclipins	EN IN PART 1(a)
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	210. ACCIDENT WAS UNDERLY I OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DAY YEA	AR .	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this sow the deceased of above, (I) (we) (did) (19	ond that in (my) (our) opinion	deoth occurred on the date and hou	19, that (I) (we) last r and from the couses stoted
	22b. SIGNATUR	ta	MD, ABI	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	DR . NAGA	RATNAM RA	NAHTIUN	22e ADDRESS MEMO		:02
	BURIAL, CREMATION, REM (SPECIFY) Burial	OVAL 236. DATE 5/16/		Cemetery,	Westernport. A	county STATE Clegany Maryland
24 F	Wayne George	e 202 Green	re St. Cumber	21502 250.0N Land, Md.	PERAC Q. BEREIES MAR 256. REGISM	PAR'S SIGNATURE LOOP

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coil should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical to

DHMH - 16 50M 7/77 (VR A 15 (4))

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	IAL HOSPITAL	NEMOR		WHEL	AR MANTAR	38. NO.
1502				MATTEN MATTEN		

completely filled in by the funeral dir I and 2 should be filed within 72 had

nding physician

injury, ar other troumotic event, th

notified at ance.

FOR DEPARTMENT OF HEALTH A REGISTRAR CERTIFICATE

SOWERS FUNERAL HOME, 60 W. MAIN ST.,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-10587

250 DATE REC'A BY REGISTRAR 250 REGISTRAR'S SIGNATURE

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	0 1	0 0		
DECEASED NAME	FIRST	MI	DDLE	L	AST	20. DATE OF	DEATH MONTH	DAY YE	AR 2	b HOUR	R
(TIPE OR PRINT)	GENEVIE	EVE	G.	R	UPPERT	MAY	13. 10	79		5:1	5P,
SEX	4 RAC	E		5 DATE C			ARS LAST BIRTHDAY)	IF UNDER I		IF UNDER	
FEMALE	TWY	HITE		MARCE		74		MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE O			HAT COUNTRY?	8.	D NEVER MARRIED	-	RE CITY OR CO		гн		
ARYLAND	U.S	S.A.		WIDOWE		ALL	EGANY				N
CITY OR TOWN OF			OSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORK	ING LIFE) INDU		BUSINE	
CUMBERL		1EMOR		SPITA	Δ1	BOOKK			FIC	CE	
SUAL RESIDENCE (IFN		STITUTION, G		ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS				
TARYLAND	ALLEGA		CUMBERL		YES NO		GLENN :	STREET			
FATHER'S NAME	MIDDLE			- 11	15. MOTHER'S MAIDEN NA						
THOMAS		F	COTEN		CATHERINE		MIDDIE	CAS	BEY		
WAS DECEASED EV			66 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	ROSTBUR	RG.	MD.	
(YES, NO OR UNKNOWN)	N.A.	DATES)	216-01-	8806	MRS. KATHLI	EEN HO					
TIE CAUSE OF DE	ATH (Enter anly ane o	aura nar lu	no for (a) (b) and	Lieu		_				ATE INTERVISET AND	VAL
	ting the DU	(c)	AS A CONSEQUE	a	PLUM LE TERM	MINAL DISEAS	E OR CONDITION	N GIVEN IN PA	RI 1(o	en	
190 DATE OF OPE	RATION 191	CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		IF YES, WERE F ERTIFYING CA YES			H?
210 ACCIDENT WAS		b. TIME OF	INJURY MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITE	M 18, PART I OR PAI	RT 2)		
OR CONTRIBUTING	J CAUSE OF DEATH	P.M		19							
(IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE NOT AT WORK AT		PLACE OF	F INJURY T, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNT	γ	STA	ATE
22a. I certify that sow the dece abave, (I) (we 22b. SIGNATURE 22d. PHYSICIAN'S	(I) (this haspital) attended of the control of the	the body of	ter death.		22e ADDRESS	MEDICAL	J-/3 d on the date on STAFF PHYSICIAN [222.			,
DR. W	ILLIAM P	· IA	MES			ERLANI	9	21502			
BURIAL, CREMATIO	N, REMOVAL 23b.	DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCA	ATION	5000		STA	16
BURIAL	6	/16/7	9 ST	. MIC	CHAEL'S CEM.	FRO	STBURG,	ALLEGA	ANY,		

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prinar to burial

TENDING PHYSICIAN: The

TO HOSPITAL OR ATTEN

APORIANI. If Item 21 is marked or Item 18 shows ony

18201-01	
MAY 13, 1979 S:15P	GENEVIEVE G. RUPPERT
	CUMBERLAND MEMORIAL HOSPITAL
Type with the last Mile.	The second the second contract of the second
Y025	BUTHERPAN CONTROL PARKET IN
	PC III PRO BELLE
CENTRE STREET PLAND, MO. 21562	N 144 D TAMES 441 N

TENDING PHYSICIAN: The low requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

		FOR
ŀ	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-1	05	88
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REGISTRAR					ICATE OF DEATH	REG. 1	NO.		
1 DECEASED NAM	ORLANI		R. S	HAFFE	ER	MAY 8, 1		DAY YEAR	6:55A
Male Male		White			ber DAY 31, YEAR 19		YRS	MONTHS DAYS	IF UNDER 24 HRS
Pennsyl	vania	USA	WHAT COUNTRY?	MARRIED		9. BALTIMORE CITY Allega:	ny Co	unty	N
	ERLAND) IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESMEN	MORIAL	TYPE OF WORK FOR MOST	of working the	126 KIND O INDUSTRY YEE OF	F BUSINESS O
Pennsyl	van la Be	ord dford	GIVE RESIDENCE BEFORE 134 CITY OR TOW H Y M OR TOW	an	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS	ondone	derry	Townsl
Car's	on "	IDDLE	Shaffer	c		Close "Sh		LAS	T
NO NO OR UNK	ED EVER IN U.S. ARM HOWN) (IF YES, GIVE V		217-10-		Mrs. Hild				
gave rise	if ony, which to immediate, stating the cause last.	(b)	R AS A CONSEQUE	enos	relevosi	,			
gave rise couse (o) underlying	if ony, which to immediate , stating the cause last.	DUE TO, OR (c) ONDITIONS CO	CAS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED OF DEATH?
PART 2 OTH PART 2 OTH 19a DATE OF 21a. ACCIDEN OR CONTRIBU (IF EITHER, NO 21d. INJURY WHILE AT WORK 22a. I certify	if ony, which to immediate storing the cause last. HER SIGNIFICANT CO TWAS UNDERLYING TIME CAUSE OF DEAT TIFF MEDICAL EXAMINER) OCCURRED NOT WHILE AT WORK I that (1) (this hospite	DUE TO, OR (c) ONDITIONS CO 19b CONDIT 19b CONDIT 21b TIME OF HOUR A.M. P.M. 21e PLACE C (AT HOME, STRE	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	DEATH BUT P OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUI	200 AUTOPSY? YES NO NO CITY OR TO	20b. IF YES IN CERTIF YE URY IN TEM 18, P.	S, WERE FINDING PAUSES S PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
PART 2 OTI PART 2 OTI 19a DATE OF 21a. ACCIDEN OR CONTRIBU (IF ETHER, NO 21d. INJURY WHILE AT WORK 22a. I certify saw the obove, 22b. SIGNAL 22d. PHYSIC	if ony, which to immediate, storing the cause last. HER SIGNIFICANT CO OPERATION T WAS UNDERLYING TIMES CAUSE OF DEAT THEY MEDICAL EXAMINER) OCCURRED NOT WHILE At WORK that (1) (this hospital edeceased plive an 1) (we) Heid (did not 1) (five) heid (did not 1) (we) Heid (did not 1) (we) Heid (did not 1)	DUE TO, OR (c) DIDITIONS CO 19b CONDIT 19b CONDIT 19b CONDIT A M P, M 21e PLACE C (AT HOME, STRE VIEW the body of	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F deceased from ofter death.	DEATH BUT N OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUI 211. LOCATION STREET d that in (my) (our) opinion PHYSICIAN 226. ADDRESS MEN	200 AUTOPSY? YES NO NO CITY OR TO MEDICAL ST, DIRECTOR PHYS OR IAL MEDICAL	20b IF YES IN CERTIF YE URY IN TEM 18, P. OWN	COUNTY 19 220. DATE BUILD	STATE that (I) (we) locauses stated SIGNED
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TO HOSPITAL

retained by the hospital or ottending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

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	MENORIAL MEDICAL CUMBERLAND, MD.	990.	THADDEUS H. EL	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	9		0	J	0	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	2	3-10	203
	ECEASED NAME E OR PRINT)	RUTH		THURIRENE		HROYER	20 DATE OF DEATH		DAY YEAR	26. HOUR 8:55 PM
3. SE	Female		RACE Whi	te	5 DATE C MONTH Fet		6. AGE (IN YEARS LAST BIRT	-	H UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
(BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8 MARR			MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O ALLEGANY			TY,	
Cu	invortown of DE		SAURE	HEART H	OSPIT	AL	(TYPE OF WORK FOR MOST O Homemak	WORKING LIFE		F BUSINESS OR
Pe	AL RESIDENCE (# NUR STATE	13h COUNT	rset	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hyndmar	N	13d INSIDE CITY LIMITS? YES NO X	RD#1			
Noah Clitz						FIRST	MIDDLE	itz	LAST	T
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		210-12-		Mr. Jay H	ADDRE H. Shroyer		RD# Hyndm	1 nan,Pa.
	Canditions, if any gove rise to im cause (a), static underlying cause	mediote ng the lost.	(b) DUE TO, OF (c)	AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	La aneu Sclevotic NOT RELATED TO THE TERM	Weart Weart INAL DISEASE OR CONI) if co	EN IN PART 1(o	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NOT	IN CERTIFY	, WERE FINDIN	
	21a ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OF	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
MEDICAL	WHILE AT WORK AT WORK	HILE C	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	PII. LOCATION STREET	CITY OR TOW	N 7	COUNTY	STATE
	22a I certify that (I) sow the deceas above, (I) (we) (ed olive on	5/20	7 10 7	/	d that in (my) (our) apinion o	deoth accurred on the do	te and haur		that (I) (we) last couses stated
	226. SIGNATURE	1.17	i'you	, pr			MEDICAL STAF		22c. DATE :	30/79
	WALLD S					22e ADDRESS	D 1110			
	WALLI	M 1 . [/3]	RMD			DOO A SETON D	WINE CIMPE	DIAND	MD 2	1000

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TO HOSPITAL

ATTENDING PHYSICIAN: The law

retained by the hospital or attending physicia

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 721 with the State Dept. of Health and Mental Hygrene priar to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE

234. NAME OF CEMETERY OR CREMATORY Comps Cemetery 250. DATE BY NYSEGIS 1970 REGISTERS 979

23d. LOCATION

STATE

24 FUNERAL DIRECTOR
NAME
ZEIGLER FUNERAL HOME, HYNDMAN, PA. 15545

ROTE ANTHURINESS SHROYER JAY ZOTH, 1070 C:55 RH ALLEY EUT YAR LAY SACIED HIART MERITAL 表现的一种形式,也不可以在自己是是一块。。在一个现在一个主义。 ADD A SETON DAIVE, CUMPERIAND, NO. 21902

THE PART OF THE PARTY OF THE PA

SERICLER RUSERAL HOME, TYROMA , CA. 155/5

ottending physician and completely filled in by the funeral nave carbanpapers. Pages 1 and 2 shauld be filed within 72

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FOR
- STATE
REGISTRAR

74 FUNERAL DIRECTOR Scarpelli, Cumberland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10590

1	7	1	U		
NO					

	EASED NAME	FIRST	,	MIDDLE		LAST	Zo. DATE OF DEATH	MONTH	DAY	YEAR	2b HO	JR
TYPE	OR PRINT)	WILLI	AM	JESSE		SLIDER		05	10	79		920A
3 SE	(4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UN	DER YEAR	IF UNDE	77
1	Male	1000	White		Mary	22, 1016 YEAR	62	YRS	MONT	DAYS	HOURS	MIN
	RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?	8May		9 BALTIMORE CITY			DEATH		
CC	Maryland		USA		WIDOWI	DIVORCED DIVORCED	- Allegany					ME
10 CI	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION	126 USUAL OCCUPAT		12	& KIND C	F BUSIN	ESS OR
	Cumberland		Memor	ial Hospi	tal		Re. Forest	lange	er 5	tate	of N	id.
13a S	AL RESIDENCE (IF NURS TATE ryland	13b COUNTY	Υ	GIVE RESIDENCE BEFORE	N _	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
_	THER'S NAME			Kifer		15 MOTHER'S MAIDEN NA						
	Alonzo	Slide	DOLE	LAST		FIRST Viol	la Davis			LAS	ST	
	AS DECEASED EVER			16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS				
()	yes	War I	T DATES)	236-22-5	5934	Mrs. Elva Si	lider, Kife:	r, Mo	1. W	ife		
	18 CAUSE OF DEAT	H Enter only	one couse per	line for top 15 one	166 /	7 [1121-				APPROX	MATE INTE	RVAL
	PART I, DEATH W	AS CAUSED	BY:	(Rn)	Trevelo	1 Tibillation						
	11/1/9	JA(1112)		R AS A CONSTOUE	NCE OF		, 11					
	Conditions, if ony,	which	(ib)	/1 /	anced	Cardio Mg	po-7/					
H	gove rise to imm couse (a), statin underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NOE OF	and Good	an Ata I	Tree	1			
	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	WAL DISEASE OR COM	DITION	SIVEN IN	PART 1	0	
O	/	Chymic	· lana	l Sailor	1 ne	edy donlys	NT.					
CERTIFICATION	19a DATE OF OPERAT	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			RE FINDI		TH?
CER	71a. ACCIDENT WAS UNE		21b. TIME O		VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8, PART 1	OR PART 2)		
AL	OR CONTRIBUTING (HOUR A.	M. MONTH DA M.	Y YEAR							
MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO		-	YTAUC		TATE
×	AT WORK AT WO	RK	(AT HOME, STE	REET, FACTORY, OFFICE, F.	ARM, ETC.)	SIRCEI	CHYOKIO	WN	C	JUNIT	5	IAIE
	220) certify that (I)	(this hospito	l) attended th	e deceased from			, to		. 19		that (I) {	we) last
	sow the decease above, (1) (we) (c	did L(did not)	view the body	ofter death	. 0	nd that in (my) (our) opinion	death occurred on the d	ote and h	our and	from the	couses st	oted
	22b. SIGNATURE	104	-			DEGREE	/			22c. DATE	SIGNED	
	O4	Mitte.	La Principal Community of the Community			ATTENDING PHYSICIAN	DIRECTOR PHYSI			5/	11/1	9
	224 PHYSICIAN'S NA	TYPE OR P	RINT)	· H		22e. ADDRESS						
		N.F.	t. Kan	ithan M	0	Memorial Ho	spital, Cum	berl	and,	Md.		-
	URIAL, CREMATION,		May 1			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUN	ITY	ST	ATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attentional be detached for use as the burial-transit permit. Then please remove contribute bette bept, of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

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		Cunberland,		James

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/77

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FOR

	STA	TE	OF N	ARY	AND
PARTMENT	OF	HE	ALTH	AND	MENTA

DE L HYGIENE

OFOI

REGISTRAR	MEI	DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NOS -	10591
1. DECEASED NAME FIR	ST	WIDDLE	LAST	20. DATE KNOWN MON	TH DAY YEAR 26. HOUR
	LIVER W	SMITH		DEATH MATED 15-	-9-79 ₁₉ la M
3. SEX 4. RACE	5 DATE OF BIRTH		JNDER 1 YR. IF UNDER 24		
	4-23-2	1 57		MIN PRONOUNCED	-9-79 19 4a M
Male White	7b. CITIZEN OF WI	IAI COUNTRY?		BALTIMORE CITY OR COL	
FOREIGN COUNTRY)		MAR	RIED XX NEVER MARRIED		
Maryland 10. CITY OR TOWN OF DEATH	US.	PITAL, NURSING HOME, OR O	WED DIVORCED	ALLEGAL	TY ME
	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		20 USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	OR INDUSTRY
Cumberland		Heart Hospita	ldoa	Watch Repairm	an Jewelry
USUAL RESIDENCE (IF IN NURSING H 130. STATE	ome or other institution, gr OUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 1:	3e STREET ADDRESS 319 E. But	
Michigan L	enawee	Adrian	YESXX NO	319 E. But	tler
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	IAST
William	MIDDLE	Smith	Christ		lker
160. WAS DECEASED EVER IN U.S	ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	A CALLED
	GIVE WAR OR DATES)	מים או ויים או	Man Than	do Cuith Admi	n m - 1/2 - 2-2
18. CAUSE OF DEATH (Ent	W.W. 2	ET (-14-4365	THES. Free	da Smith, Adria	APPROXIMATE INTERVAL
PART I DEATH WAS CA	USED BY:	CORONAR'	Y OCCLUSION	7	SUDDEN
141A IMME	DIATE CAUSE (a)		T OCCHOSTOR		DODDER
Canditians, if any, w		AS A CONSEQUENCE OF			
gove rise to immed	diate (b)	CORONAR	Y THROMBOSI	LS	
cause (a) stating the un	DUE TO, OR	AS A CONSEQUENCE OF			
	(c)	CORONAR	Y SCLEROSIS	S	
	TIONS CONTRIBUTING TO DEATH 1	UT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	I (a).	
190 DATE OF OPERATION					
190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
<u> </u>					YES NO
210 EXTERNAL CAUSE WA			HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	37
UNDERLYING OR CONTRIBUTING CAUSE		MONTH DAY YEAR			
21d. INJURY OCCURRED			OCATION		
21d. INJURY OCCURRED WHILE AT WORK AT WORK		ORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK					The state of the s
22e. I certify that I taok o	harge of the remains des	ribed abave, held on Auto	psy XX Inspection	Inquiry XX ond in my	opinion
death resulted from:	Vatural cous XXXX	Accident , Suicide	, Homicide .	Undetermined monner .	
n		1 1	TITLE (SPECIEY)	THE BUILDING THE	
ACTUAL SIGNATURE	ed it X	Rilarolie)	Deputy Deputy	_MEDICAL EXAMINER SIG	TE 5-9-79
0.001				_MEDICAL EXAMINER SIO	INCO
(TYPE OR PRINT) BE	enedict Skit	arelic, M.D.	ADDRESS R#9, Ct	umberland, Marylan	nd 21502
3a. BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY		23d. LOCATION	
Burial		All the second s		CITY OR TOWN	STATE VINUE
24 FUNERAL DIRECTOR	hray and a	979 PROSTBURG	250. DATE HE	Tirostome gw by Rigistyara 256. Regulator	zany. Md.
NAME	ADDRESS	11 3/1 02 /	144	41 1 6 1917	my Malprody
Durst Funera	Home, Fros	tburg, Md. 215	32		

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	100000000	Y-AHODOO		
	enandamos -	T77,510,900		
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20812 bar Lynds , buller	a ziL dimbe	D.C.M. olferalt	Peneddoc 35	
off case in the	TO THE SECOND	or eliferace to		all mark

executed within 24 hours often death certificate be that the TENDING PHYSICIAN. retained by the hospital or TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10592

	c] -	FOR STATE REGISTRAR			DEPART		EALTH AND N		ENE	REG. NO	9-1	059	L
m 4		CEASED NAME	FIRST		HODLE		AST		2e DATE OF			DAY YEAR	26. HOUR
director, page 3 hours after death		-	Anna	36.	Н.		maier					29 79	2:22 M
er P	3. SE	(4	RACE		5 DATE C		7640	. AGE (INYE	ARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
E KA	1	Female		White	9	07	38	86		92		DATS	MIN MIN
100		RTHPLACE ISTATE OR I	FOREIGN 7h	CITIZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M	ARRIED TO	9 BALTIMO	RECITY OR Allega		OF DEATH	MD
notified of		or town of de umberland	ATH 1	LIONS	OSPITAL, NURSI	ADDRESS)	Home	ITUTION	12a USUAL CONTROL OF SEAM	SCCUPATION STORY	N WORKING LIFE	INDUSTRY	• Store
should be	USU/ 13a. S	AL RESIDENCE (IF NUI	13b COUNT	HER INSTITUTION,	GIVE RESIDENCE BEFOR	e admission)	13d. INSIDE CI	TY LIMITS?	13. STREET	ADDRESS BC	x 54		
exominer	14. FA	THER'S NAME Leonard	ME	DDLE	Stagmai	er	F	MAIDEN NAM		WIDDLE		Hook	त
dicol /		VAS DECEASED EVER	R IN U.S. ARM		166 SOCIAL SEC	JRITY NO.	17 INFORMAL	NI		ADDRES	S		
medicol	(No	(IF 165, GIVE W	AR OR DATES)	214-05	-9159	Helen	Stegmai	ier. R	t. #2.	Cumb	perland	. Md.
the the		II CAUSE OF DEA	TH (Enter only	one course ner	line for tot (b) or	ndicii							MATE INTERVAL ONSET AND DEATH
ewovol event, the		PART I. DEATH V	WAS CAUSED	BY	ONGESTI		ART FA	RILLARS					Wours
		1/11/0	IMMEDIATE	CAUSE (0)			101						7(37)
troumotic		7/70		DUE TO, OR	AR TER	ENCE OF	nome 1	ROADS	D1551	255		134	ARS
tro.		Canditions, if any gave rise to im	mediate	1b)	MICHEL	OSCAC	7700.	CNIC	D (0 1 N	20		10.	
other		cause (a), stati underlying caus		DUE TO, OR	AS A CONSEQU	ENCE OF							
jury, or	Z	PART 2 OTHER SIG	INIFICANT CO	INDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASI	OR COND	TION GIVE	EN IN PART 10	a,
as ony in	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDIT	TION FOR WHICH	OPERATIO	WAS PERFOR	RMED	200 AUTO		IN CERTIF	, WERE FINDIN	OF DEATH?
o de	ex .			21b. TIME OF			Int. Howen		YES [ио[]		5 🗍	NO 🗌
Hem 18 s	_	210. ACCIDENT WAS UN OR CONTRIBUTING [] [IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	110000	A. MONTH D	AY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 10, PA	ART 1 OR PART 2)	
rked or	MEDICAL	214 INJURY OCCUP	VHILE [7]	216 PLACE C	OF INJURY SET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATIO STREET	N A A		CITY OR TOWN	1	COUNTY	STATE
eolt s		22a.E certify that (I) (this hospito		deceased from	10 12		. 19 [, to	5/6	7	19 17	that (I) (we) last
21.1		sow the decea above, (I) (we)	sed olive on_	5 /29	19_	L de	d that in (my) ((our) opinion d	leath occurre	d on the dat	e and have	and from the	couses stated
e Dept If Rem		22b. SIGNATURE	11//	whom	1	n	DEGREE	TENDING	MEDICAL	STAFF		S/S/	SIGNED ///
Stor Z		224 PHYSICIAN'S N	AME IT	1 2 1 1 1 1	7		22e ADDRESS		DIRECTOR	☐ PHYSICIA	10	7/0	1.1
with the Sto		Michael	L W. Mo	ntgover	y, M. D.		915	Seton I			rland	l, Md.	21502
	23e. E	URIAL, CREMATION BURLAL		236. DATE 6-1-197			EMETERY OR C		CUMBI	TION ERLAND	ALI	EGANY	MARYLAND
16 20M	24 Ft	NERAL DIRECTOR			-	BATT	IMORE A	VE 250 DATE	REC'D. BY R	EGISTRAR 2		RAR'S SIGNAT	
4) 7/78	L	EASURE-STE	IN FUN	ERAL HO	ME CUMBI	RLAND	,MD		JUN 4	1979	A	intry/	Wellerody

79-10592

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COLUMN AND A STATE OF THE STATE

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R FILES. HOURS STREET, RECTOR

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EY AMINED'S CERTIFICATE OF DEATH

79-10593

	REGISTRA	AR	WED	ICAL EXAMIN	IEK 5 CI	KIIFICAI	E OF DEP	VIII	REG. NO.	0			
1	I. DECEASED	NAME FIRST		MIDDLE	U	AST		20. DATE KN	JOWN T	нтием	16	79	26 HOUR
	(TYPE OR PRINT)	Myrtle	Theres	a	St	ein	130	OF I	E211	,	19	7	9:15 a
	SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YE			DER 24 HRS.	2c. DATE	,	MONTH	DAY	YEAR	2d HOUR
	Femal	e White	5 5 1	894 REST BIRTHO	AY) MONTHS	DAYS HOU	RS MIN.	PRONOUNC! DE AD	ED Ma	T ·	16 19	979	9:15
	7a. BIRTHPLAC	E (STATE OR	76 CITIZEN OF WHA		18	D NEVER M	ADDIED	9. BALTIMO	RE CITY OR				
38	FOREIGN COU		USA		WIDOWE	D 🛣 DN	ORCED		egany				MD.
		WN OF DEATH	IF NOT IN SUCH FACE	PITAL, NURSING HOME			FOR	MAL OCCUPATION OF WORKING		WORK	12b KIND OR IN	NDUSTR	SINESS
58		rland		emorial Ho		l	N	urse			Med	dici	ne
1	I3a. STATE	NCE (IF IN NURSING HOME 13b COU	OR OTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSI 13c CITY OR TOWN	ION)	3d. INSIDE CITY LIM	ITS? 13e. STR	EET ADDRESS	3				
D	Md.	A	llegany	Cumberlan				0 Penn	sylvan	ia /	Aven	18_	
5	14. FATHER'S N	IAME	WIDDLE	LAST		15 MOTHER'S N FIRST	AAIDEN NAME	MIDE	DLE		LAS	ST	
1	Omer		J	enkins		Rose		Ellen			ook		
7	16a. WAS DEC	EASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURIT	YNO.	7. INFORMANT			ADDRESS		21524		
	No			213-383	807	Frances	Melvi	n Box	: 68 C	orr			e Md.
	18 CAL	SE OF DEATH (Enter of	inly ane cause per line f	ar (a), (b), and (c).)	731						BETWEE		AND DEATH
- 1	1 /	IMMED).	ATE CAUSE (a)C			on					St	udde	n
	4-1	0-		AS A CONSEQUENCE	OF						1		
	gav	ditions, if any, which re rise to immediat	te (b) C	oronaty Sc		is				- 170	Ye	ears	
		se (a) stating the <u>unde</u> g cause last.	DUE TO, OR A	AS A CONSEQUENCE	OF						107		
			(c)										
		HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BL	UT NOT RELATED TO THE TERM	WINAL DISEASE	OR CONDITION GIVEN	VIN PART 1 (a).						
	19a. DA	E OF OPERATION	Line con initia	ION FOR WHICH OPER	DATIONING	C DEDECORNED					Tao	TOPSY?	
0	S ING. DA	E OF OPERATION	196. CONDITI	ON FOR WHICH OPER	KATION WA	S PERFORMED							
2	21- EYT	ERNAL CAUSE WAS	21b. TIME OF	INITION	121, 40	W INJURY OCC	LIDDED SENTER	NATURE OF BUILD	DV INJ ITEM 10 8 A B	PT 1 OR 8 AL		S	NO NO
3		YING OR	HOUR A.M.	MONTH DAY YEAR		W INJURY OCC	ORKED (ENTER	NATURE OF INJUR	I IN IIEM IO PAR) OK PAR	(12)		
	V	BUTING CAUSE OF		FINJURY (AT HOME.	21f. LOC	ATION							
	WHILE	RK NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	ST	REET		CITY OR TOWN	4	COL	UNTY		STATE
							FV1		v				
			rge of the remains descri		Autops		pectian X,	Inquiry L		in my ap	inian		
S	deoth	resulted fram: Nat	tural causes X,	Accident . Su	uicide 🔲,	Hamicide L		termined man	ner,				
Н	ACTUA		ade to	Bitaro.	1	Deput				DATE	. 5	/16/	70
	SIGNA	URE	aue , a	maren	<u>~</u>	Dopa	MED	DICAL EXAMIN	VER	SIGNE	D	1.10/	1.7
2		R PRINT) Ben	edict Skite	arelic M.	D. A	DDRESSF	Route #	9 Cumb	erland	2	1502		
	23 a. BURIAL, CF	EMATION DEMOVAL		23c. NAME OF CE			23d. LC	OCATION		COUN	NIA	ST	ATE
	(SPECIFY)	rial	5/18/79	Mount	Pleas	ant		r Cumb	erland	AT:	legar	nv-	Md.
	24. FUNERAL	DIRECTOR	ADDRESS			25a	MINE 93	Y REGISTRAR	25b R7 7151	RARSS	THE PERSON	50	- 44.0
		J. Hafer.	HODINGOO	aValr, Mar	yland		111 66	19/9	"Large	sex /	Sec. Cr	cooly	200

DHMH-17 (VR A15 ME (5)) 15M 7/76 18-11593 Si Mar /2 offic slame catched by the control of the contro to a contract the second of th CHECO TO THE CONTRACTOR OF THE

PHYSICIAN: The low

retained by the hospital or attending physician OR ATTENDING

TO HOSPITAL

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	7	9	-	1	0	5	9	4

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.							
	. DECEASED NAME FI	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
1	Harry F. Ster	vens		x\$x222x2x !	5/22/79 8/30a						
3	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE						
	Male	Whites	2/29/04	75 YRS							
7	BIRTHPLACE (STATE OR FOREIG			9 BALTIMORE CITY OR COUN	ITY OF DEATH						
5	77.1.1.7	dd. Ameica	WIDOWED DIVORCED	477							
1	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING							
1/	Frostburg, Mo		Community Hospital	Self Employed	d Tavern Operat						
		HOME OR OTHER INSTITUTION, GIVE RESIDENCE I		13e STREET ADDRESS							
(6)	Md.	Allegany Zih	lman YES NO 🏝	Rt 2 Box 69							
12	4 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	Williams	LAST						
1 1	George Stev	Vens J.S. Armed Forces? 166 Social :	SECURITY NO. 17 INFORMANT	ADDRESS							
1	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	7110 Man Aman	Ctawana Fronti	t. 2,						
-	NO	213-05		Stevens, Frostl	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA						
	PART I. DEATH WAS	CAUSED BY: Acute F	Respiratory Failure		1 hr.						
	461 - IMMEDIATE CAUSE TO!										
	Conditions, if any, which (b) Bilateral Pneumonia										
	gove rise to immed	(0)	Taterar Triedmonta								
	underlying cause	the DUE TO, OR AS A CONSI	EOUENCE OF								
	DART 2 OTHER CICALIES	CANIT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	PANNAL DISEASE OF CONDITION (GIVEN IN PART 1(g)						
		Diabetes Mellitus	TO THE WORLD THE STATE OF THE S								
\dashv	19a DATE OF OPERATIO	- 1	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1F	YES, WERE FINDINGS USED						
D	None			YES NOT IN CER	RTIFYING CAUSES OF DEATH?						
0	190. DATE OF OPERATION None 210. ACCIDENT WAS UNDERLY			JRRED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2)						
7	OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.M. MONTH	DAY YEAR								
	(IE EITHER OCCURRED	21e PLACE OF INJURY	211 LOCATION		COUNTY STATE						
	WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC. STREET	CITY OR TOWN	COUNTY STATE						
		is haspital) ottended the deceased fr	September 1960	22 May							
	saw the deceased o	alive on 22 May	70	on death accurred an the date and l	hour and fram the causes stated						
77	above, (I) (we) (did)	(did not) view the bady after 1 1	OWNER		22c. DATE SIGNED						
	Mani	Will Att	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	05/22/79						
	22d, PHYSICIAN'S NAME	(TYPE OR PRIN	122+ ADDRESS	DIRECTOR THISTELANT	00/22/10						
1	Mantin	M. Rothstein M.D	18 Broadus	y - Frostburg, M	1d 21532						
-	23a. BURIAL, CREMATION, RE/		23c. NAME OF CEMETERY OR CREMATOR								
	(SPECIFY) Burial			CITY OR TOWN	COUNTY STATE						
-	24 FUNERAL DIRECTOR	May 24, 1979	Frostburg Memoria	ATE REC'D. BY REGISTRAR 256. REC	Allegany Md						
	NAME	ADDRES	SS	MAY 2 8 1979	horry / Retready						
	Durst Fun	eral Home, Frostb	urg, Ma. 21772	2010							

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

Tod wind I have Annie The Late of the Stevens, Prostings, Mt. 21535 Burial Mry 24, 1979 Prostoner Macorial Fr. Prestore, Allegeny, MS. Suret Punetel Rote, Prosbury, 14, 21538

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. AND 3 TO THE FUNERAL DIRECT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGES 5.00 YOUR FILL FOR FOLK FOLK POR FOLK FOLK PAGES 1 AND 2 SHOULD BE VIED, WITHIN 72 HOUR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, DIVISION OF VITAL RECORDS: 30.1 W. PRESTON STREET BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5)) 15M 7/76 FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

7,9,-10595

		REGISTRAR		******	JICAL EXAMINE	K 3 CERTIFI	CAIL OI DI		NO.		-	
		CEASED NAM OR PRINT)	E FIRST	Omer I	vee St	illivan,	Sr.	20. DATE KNOWN OF ESTI- DEATH MATED	- C 00	79 19 2:50a		
	3. SEX		4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER 24 HR		MONTH	DAY YEAR 2d. H	OUR	
	Ma	le	White	4/13/09	YEAR LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	5-28-	79 10 2:50a	M	
		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	MARRIED NO NE	VER MARRIED	9. BALTIMORE CIT	_	OF DEATH		
9		rvland		USA		WIDOWED [DIVORCED [Alleg	any		MD.	
	10. CIT	Y OR TOWN	OF DEATH		PITAL, NURSING HOME,			JSUAL OCCUPATION	TYPE OF WORK	N. KIND OF BUSINES	5	
0		mberla			Il Hospital-			ackman		Railroad		
5	13a ST		113h COUN		RESIDENCE BEFORE ADMISSION 131 CITY OR TOWN ELECTIVE OF	13d. INSIDE	ITY LIMITS? 13e S					
	14. FA	THER'S NAMI	E	MIDDLE	LAST		ER'S MAIDEN NA	ME		LAST		
10		Ellis	I.e	ee	Sullivan		Dueenie	Missis	Bar	nes		
1	16a. W	AS DECEASE	DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURITY			ADDR	ESS			
-	{AE	S, NO, OR UNKNO	OWN) (IF YES, GIVE		705 10 792	4 Beul	lah M. Su	llivan s	ame as	13.		
			EATH WAS CAUSE!	BY:	far (a), (b), and (c).)	Coror	ary Occ	lusions		APPROXIMATE INTERVIBETWEEN ONSET AND DE		
		IMMEDIATE CAUSE (o)										
	65		ins, if any, which			Coror	nary Sel	erosis				
	3		ise to immediate i) stating the under-	DUE TO, OR	AS A CONSEQUENCE OF							
		lying car	use last.	(0)								
	24 (PART 2 OTNEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).										
	Z											
	ATI	19a. DATE OF	FOPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS PERFO	RMED?			20 AUTOPSY?		
62	IFIC	100									2CX	
2	CERTIFICATION		AL CAUSE WAS	216. TIME OF	INJURY	21c. HOW INJUR	Y OCCURRED (EN	TER NATURE OF INJURY IN ITE	A 18 PART I OR PART	2)		
~	CAL	UNDERLYING CONTRIBUT	ING CAUSE OF							4-23-100	7	
	MEDICAL	21d. INJURY			OF INJURY (AT HOME,	211. LOCATION STREET		CITY OR TOWN	COUR	1TY 51	ATE	
	Α.	AT WORK	NOT WHILE D									
	ĝô.	22a. l cert	ify that I taak charg	e of the remains des	cribed above, held an	Autopsy .	Inspection	Inquiry X	and in my apı	nian		
		death resul	ted fram: Natur	al causes XXX	Agrident , Suice	ide Ham		determined manner].			
		177	2	1 +	1	/ TITLE (SPECIFY)		A NIL.	۲ ۵0 50		
	110	ACTUAL SIGNATUR	Denea	uch	Kilarel	Leho De	outy	EDICAL EXAMINER	DATE	5-28-79		
2	45	EXAMINER'S	NAME Bened	lict Skits	arelic, M.D.	ADDRESS	R#9, Cumb	perland, Ma	ryland	1.00		
-		JRIAL, CREMA	ATION, REMOVAL	3b. DATE	23¢ NAME OF CEM	ETERY OR CREMAT	ORY 23d	LOCATION ITY OR TOWN	COUNT	Y STATE		
		Burial		5/31/79 1	Martin Co	matam		ittle Orle				
		NERAL DIRE		Kara.	Martin Ge	ine cery	250. DATE REC'D		PEGISTEMP'S SH	GNAMIRE		
	G	rove:	Hancock	, Maryla	nd		MAY	31 1979	perform	Scalusdy		

20201-05 17. Mes San Com 5-21-19 - 1:50 La dina di Angara 10 --- C: 10 - 11 0 - 1 deneater election swepsia budgest 0.1 1 00 100 0 10000 the course was the same of the decision finite mine ; erette districtio, brutten , sioon m . work

DHMH - 17 (VR A15 ME (5)) 15M 7/77

		FOR					MARYLAN					
	1-	STATE REGISTRAR			DEPARTMENT OF I			CATEC		70 105	96	
		CEASED NAM		hard	MIDDLE	irne	LAST	AIL		20. DATE KNOWN TE MONTH	DAY YEAR	26. HOU!
	3. SE)	vale	4. RACE White	5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE I'N YEAR LAST BIRTHDA 37 YR	ARS IF UI	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATE MONTH PRONOUNCED	19 DAY YEAR	2d. HOU
5	7a. Bi	RTHPLACE (S REIGN COUNTRY) West V	irginia		JSA	8. MARR		DIVORC		9. BALTIMORE CITY OR COUR		100
50	C	umberl	and	Memo)	PITAL, NURSING HOME CULTY, GIVE STREET ADORESS) CLAL HOSPILE	1	ER INSTITU	ION	FOR	UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) Disability	12b. KIND OF BU OR INDUST	JSINESS RY
5	USUA 13MS	AL RESIDENCE	IF IN NURSING HOME O	R OTHER INSTITUTION, GI	13c. CITY OR TOWN	nd	13d INSIDE (I	TY LIMITS?	13e. STR	EET ADDRESS 6B Fort Cumbe	erland Ho	omes
11		ATHER'S NAME FIRST	George		LAST		15. MOTHE		ENNAME		LAST	
1	160. V	VAS DECEASEL ES, NO, OR UNKNO NO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY	NO.	Mrs.		ian I	ADDRESS Turner, Cumberl	and, Md.W	ife
	PART I DEATH WAS CAUSED BY.											E INTERVAL T AND GEATH Ites
1	CERTIFICATION	PART 2 OTHER SIG	GNIFICANT CONDITIONS C		BUT NOT RELATED TO THE TERMIN				RT 1 (a):		20 AUTOPSY	
3	MEDICAL CERTI	UNDERLYING CONTRIBUTION	NG CAUSE OF D	EATH 12:20.	MONTH DAY YEAR 5-4-79 19		Passe			NATURE OF INJURY IN ITEM 18 PART 1 OR P	,	NO 🗆
5	MED	21d, INJURY O WHILE AT WORK		STREET, FACT	OF INJURY (ATHOME, ORY, FARM, ETC.)	S	CATION TREET 19 SOI	ath M	echa	nie Street, Alle	g. Maryl	STATE and
91		220. I certif death resulte ACTUAL SIGNATUR			Accident Suic	Autop	Hamici TITLE (SF	ECIFY)	Undet	Inquiry and in my of armined monner	pinion ED 5-4-7 9	
2	20. 5:	EXAMINER'S I	(1)		Skitarelic		ADDRESS_			, Cumberland, M	d.	
	(5)	Buria NERAL DIRECT		May 7,197	9 Cooks Co		ery		W	Vellersburg, Pa		ATE
		carpell		mberlands,	Maryland			DATE R	MAY	9 1979 Lin	try Me C	early

Biggerd 5, Durent Lat. APP Africancy Land THE PARTY OF Cum erse d // --- Indiano Inicom Decremon name beef return at o the company of the background to the background the background to the background Strang Hine Transmit . Hegape H and the first state of the stat ottet Ender in commission of the contra 27-1-1-2-2 notation while to distance Street . all . derect simmle Conta lands . Lief. and the second 21-1-2 The state of the state o with the age, denoted the terral of the colors of the center, id. not a unial day ",1979 Docta Centery de dellors uns un Servelli, Onverdad butter Hayli Hayland Lillerass

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL H

VOIENIE

7 9 -	1	0	5	9	7
RECE NO	9	0	-	_	

	1-	STATE REGISTRAR ^		MEDI	ICAL EXAMIN	NER'S C	ERTIFIC	ATE OF	DEAT	TH REG. NO.	-	0591		
		EASED NAME	FIRST		MIDDLE		LAST		20	DATE KNOWN	MONTH	DAY YEAR	26 HOUR	
	(1111	. On PRIVIT	EUGE	VE	TROXELL	7	ALEN	FINE		OF ESTI-	MAY	9,1979	5:00	
	M.A	LE	RACE WHITE	5. DATE OF BIRTH MONTH DAY MARCH 6.	1910 69	PAYI MONTH	DER 1 YR. I	HOURS		C. DATE RONOUNCED DEAD May	монтн	1979	7:30	
5	FOI	RTHPLACE (STA		U.S.A.	T COUNTRY?	0	ED X NEVI	ER MARRIED		ALLEGAN		OF DEATH	MD.	
0		ROBTBU		(IF NOT IN SUCH FACIL	TAL, NURSING HOM ITY, GIVE STREET ADDRESS) H STREE	r	ER INSTITUTI	ION I	FORMO	AL OCCUPATION (TYPE C DST OF WORKING LIFE) ORER	OF WORK 1	OR INDUSTR KELLY		
5	13a. S1		13b. COUNTALL	ROTHER INSTITUTION, GIVE	RESIDENCE BÉFORE ADMISS 13. CITY OF TOWN FROSTBUI	iON)	13d. INSIDE CIT	Y LIMITS?	3. STREE	TADDRESS HIGH	STRI	MDAR,		
10		THER'S NAME FIRST FRANK			VALENT IN		15. MOTHER FIR MIN	NIE	NAME	MIDDLE C.	ı	VILSON		
1	16a. W	AS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DAYES)	16b. SOCIAL SECURI		17. INFORM.		יבוויה	VALENT INF	FI	COSTRU	RG MD.	
		NO	N.		214-07-	1021	MRS.	EU GI	PINE	A WIPMI TIME	, 0	APPROXIMATE	ы.,	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). CORONARY OCCIUSION											AND DEATH	
	Conditions, if ony, which													
		gave rise to immediate couse (o) stoting the underlying couse lost. (b) CORONARY SCLEROSIS DUE TO, OR AS A CONSEQUENCE OF												
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).												
2	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITIO	TION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY? YES □ NOX		
3		21a. EXTERNAL UNDERLYING CONTRIBUTIN			NJURY MONTH DAY YEA		OW INJURY (OCCURRED	ENTER NA	TURE OF INJURY IN ITEM 18 PA	RT 1 OR PART	2)		
ď	MEDICAL	214 INJURY OF WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME, RY, FARM, ETC.)		CATION			CITY OR TOWN	COUN	ity	STATE	
			y that I took charg	e of the remains descri		Autop:	Homicia			Inquiry , ond	in my opir	nion		
_		ACTUAL SIGNATURE_	Bene.	dect	kitareli	e M	DEPU		MEDIC	AL EXAMINER	DATE	5/9/7	9	
2		EXAMINER'S N (TYPE OR PRIN	T)DL		KITARELI		ADDRESS			RE PIKE,	CUMB	ERLAND	, MD.	
	(5	PECIFY)	ION, REMOVAL I	86. DATE	23c. NAME OF CE				23d. LOC CITY OF		COUNT			
		JR TAT	Mary.	2/11/19	FROSTBU			PARK So. DATE RE		OSTBURG	ALI.	EGANY	MD.	
		SÖWERS	FUNER	IL HOME,	O W. MA	INSI		MA	Y14	4 1979	ofry	Magheso	7	

BP_ DHMH - 17 (VR A15 ME (5)) 30M 7/73

16601-05 STORY THOUSE THOUSE THE THE THE PARTY OF THE 18:8 of 18:80 PARE PRINTED BANGE 6.1910 69 That was to PROSERVACE TO SEE THE SECOND STREET THE REPORT OF THE SECOND STREET THE ROLL AND THE TOTAL AND THE PARTY OF THE BORLEY ... VALUE TIME TO SERVICE THE VALUE OF THE VALUE O 214-07-1051 ELS. AUGSES VALENTING, 87 HIGH M MOTEOTORS VEADORORS SURPLION YEAR OFFICE AND SETTING THE TOTAL THE STATE OF STREET TALLY TAKEN IN THE PROPERTY OF THE PROPERTY.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs ofter dear with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

within 24 hours ofter

that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital ar attending physician.

medical examiner must be notified of once,

MRORTANT: If them 21 is morked or Item 18 shows any injury, or other troumatic event, the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7 9 REG. NO.	- 1	1	5	9	5
PEG NO	1	U	U	0	(

	REGISTRAR			CERTIFICATE	LPENIII	REG.	NO.		
	DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
L		WOODROW	W.	WARBUT	TON	MAY 24,	1979	8:00P4	
3	3 SEX	4 RACE		5. DATE OF BIRTH	& YEAR, a	6 AGE (IN YEARS LAST	BIRTHDAY) IF UN	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN	
L	IIIALE	u	HITE	3 1	1914	65	YRS		
1	O BIRTHPLACE (STATE C	OR FOREIGN 76 CITIZEN	OF WHAT COUNTR	MARRIED NEV	R MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
1	W.VA		1.5.H	WIDOWED	DIVORCED	1+11eg	ANY	Co. MD.	
16	O CITY OR TOWN OF	(IF NOT	IN SUCH FACILITY, GIVE STR		NSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS		26. KIND OF BUSINESS OR NOUSTRY	
	UMBERLAND	MEMO	RIAL HOS	PITAL					
1	USUAL RESIDENCE (IFN	130 COUNTY	UTION, GIVE RESIDENCE BEI	OWN 13d. INSID	E CITY LIMITS?	13e. STREET ADDRES	51 / 1	0	
+	1 FATHER'S NAME	IVIINERI	711 Key	SER YES IX	NO ER'S MAIDEN NAM	105	V. WA	TER St.	
1	FIRST	MDDIE	LAST	O TO MOIN	FIRST	WIDDIE	0	LAST	
1	WAS DECEASED EV	ER IN U.S. ARMED FORC	ES? 160 SOCIAL SE	BUILDY	essie	ADE	ORESS	iTchere	
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE		CURITY NO. 17 INFOR	MANI	C11 11	,	Las Md	
F	NO		1600-1	F 0000 100	mack	C.H. K	11 ZMI	ICK ING.	
	18 CAUSE OF DE PART I. DE ATH	ATH (Enter only one cous I WAS CAUSED BY:	e per line far (a), (b),	and (c		150	1	METWEEN CHEST AND DEATH	
	1500	IMMEDIATE CAUSE	(unemo	af	6 sept	regres	byen	
	1309		O. OR AS A CONSEC	QUENCE OF	//	//	1		
	Conditions, if o	immediate	b)		0	U	0		
	cause (a), sta underlying cai		O, OR AS A CONSEC	QUENCE OF					
	BART 2 OTHERS	ICANIE CANT CONIC TIO	IS CONTRIBUTED T	O DE LUI BUT LIOS SEL	TED TO THE TEXT				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
1	NO 210. ACCIDENT WAS	THE DATE OF OFFICE AT ON 196 CO		CH OPERATION WAS PE	FORMED	200 AUTOPSY?		RE FINDINGS USED	
	HH 4 1/1/	479	21	me		YES T NOT		CAUSES OF DEATH?	
	210. ACCIDENT WAS	//	ME OF INJURY	21c. HOV	INJURY OCCURR	RED (ENTER NATURE OF IN			
	OR CONTRACTOR	A CHOSE OF DEATH	P.M.	DAY YEAR					
	(IF EITHER, NOTIFY ME	URRED 21e. Pt.	ACE OF INJURY	21f LOC	TION			1	
		T WHILE (AT HON	ME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) STR		CITY OR T	OWN	OUNTY STATE	
1		(this hospital) attende	d the deceased from	m Homes	19 79	2.10 29)	1/1/19/19	19, that (h (we) lost	
	snw the dece	eased alive on 2	XV/11 10		(our) opinion	death occurred on the	date and hour and	from the couses stated	
	226 SIGNATURE	1 /A	ody after yearn	DEGREE	0		1	22c. DATE SIGNED	
1	Ome	1111	1/1/1/	1898111	ATTENDING PHYSICIAN X	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	3/X//auma	
1	22d. PHYSICIAN'S	(NAME (TYPE OR PRINT)	- marie	22e. ADD				1010/11	
	DR. FRI	EDERICK MI	LTENBERG	GER 122	S. CEN	TRE ST,C	UMBER LA	ND . MD	
2	30 BURIAL, CREMATIO			C. NAME OF CEMETERY		23d LOCATION			
	BURIAL	5.	27-79	KAIDALO	1 Cem	FLKG	Andew 1	Arrepa Willa	
3	FUNERAL DIRECTOR		Appearer	111111111111111111111111111111111111111	A PRINCIPAL	MEC'D. BY REGISTRA	R 75 HEGISTRAR	The Cresoly	
		Burdoc.							

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DHMH-16 50M7/77 (VR A 15 (4))

BOM	. W WORDS	HOTTURRALL	PYRI . HR YAM	0:0
		197		
CUMBERLAND	MEMORIAL	JATIC		
		erale of Light State		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours ofter with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

moy be

certificate be

TENDING PHYSICIAN: The low

retained by the hospital or attending physician.

TO HOSPITAL

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-1	0	5	9	9
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	REGISTRAR			REG. NO.			
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b HOUR		
(Grace	Matilda	Ware	May 6, 1979	1:30F		
3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER 24 HR		
Female		White	6 - 25 - 05	73 YRS MONTH	S DAYS HOURS MIN		
70 BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY OF	DEATH		
MARYLAND		US	MARRIED WIDOWED DIVORCED	ALLEGANY			
		11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINE			
CUMBERLAND		SACRED HEART		(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	OWN HOME		
USU	IAL RESIDENCE IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)		OWN HOPE		
130 M	ARYLAND ALL	EGANY FROSTB	URG 136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 295 WELSH HII	L		
14. Fz	ATHER'S NAME		15 MOTHER'S MAIDEN NA				
	DAVIE	LEATHERM	AN AGNES	MIDDLE	MERSON		
	WAS DECEASED EVER IN U.S. AF		IRITY NO. 17 INFORMANT		BURG, MD.		
1		217-01-	1565 MR. JOHN	WARE, 295 WELSH			
	IL CALISE OF DEATH ENTER	nly one couse per line for (o), (b), on	die	0.5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
	PART I. DEATH WAS CAUSE	ED BY	M	7000	BETWEEN ONSET AND DEAT		
	IMMEDIA	TE CAUSE (o)	11 4 OTT OTTOLOGI	a reflexación			
	4/0-	DUE TO OR AS A CONSEQUE	ENGE OF	4 1			
	Conditions if an inter-	DUE TO, OR AS A CONSEQUE		10. N. Ocas 01			
	Conditions, if ony, which gove rise to immediate	(b)	Colorias H	Van Destroy			
	couse io, stoting the	DUE TO, OR AS A CONSEQUE	ENICE OF				
	underlying cause last	DOE TO, OK AS A CONSECUT	ENCE OF				
		(c)					
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART 10		
CERTIFICATION			HIEROLES OF				
5	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?		
E.	Mary Control of the C			YES NOT YES T	NO T		
2	210. ACCIDENT WAS UNDERLYING	TAIL TIME OF BUILDING	In How Million occurs				
Ö	OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18, PART)	ORPART 2)		
1 ×	(IF EITHER, NOTIFY MEDICAL EXAMINER	AIN .	19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION				
NE NE		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	OUNTY STATE		
	AT WORK NOT WHILE						
		utol) ottended the deceased from	107 Com 10 7 G	10 5 - 40 10	7 (1) (we) le		
	22a.1 certify that (I) (this hospital) attended the deceased from 1970, to 1974, that (I) (we) los sow the deceased alive on 1972, and fool in (my) (our) opinion death occurred on the date and hour and from the causes stated						
	obove, (I) (we) (did) (did no	ot) view the body ofter death.					
	22b SIGNATURE	0 0	DEGREE		22c. DATE SIGNED		
	(Y)	- 0	ATTENDING F	MEDICAL STAFF	5-1-5		
	224 DHYSICIANIS NIAMS	prodo		DIRECTOR PHYSICIAN	6-14		
	22d PHYSICIAN'S NAME TYPE	() ()	22e ADDRESS	2150	2		
	WAYNE C	. SPIGGLE. M.	D. 912 SETON	DRIVE, CUMBERLA			
23o. l	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	236. LOCATION			
1	BURIAL	5/9/79 FR	OSTBURG MEM. PR	T I TO COMPAND O	E30:43000		
74 5	UNIED MINISTER	1 / // 12			EGANY MI		
44.6	Taulog /	ADDRESS ADDRESS	FROSTBURG, MO" DAT	AY 1 7 1070	SIGNATURE A		
1	SOWERS FUNER	AL HOME. 60 W.	MAIN ST.	WUITTING YOU	- Janous		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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A CONT. RIPLE	MATHEMATINE	HOSPITAL	TEACH GAROAC	CUPATRIBUD
4.4	er ready tos	at 10A	MADE PROBLEM	JAA CHARYTAN
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, 441	HANN 205 MINE	5651 M. 1080	7	.10 011
	RIS DRIVE, ON BUING NA. PRINCEDING, AN A. PINCEDING, AN			
	MAY 11 1979.	ROSESERO, AD	. W 08(60 W.)	schill belice

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTEN	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after anath. The retained by the haspital or attending physician.
TO FUNERAL DIRECTOR should be detached for u with the State Dept. of He	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please cemave carbanapaers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
IMPORTANT: If them 21 is	MPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical examiner must be natified at once.

must be notified at once.

medical exami

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10600

REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME (TYPE OR PRINT) ERNES	T FREDERICK	WARTZACK		DAY YEAR 26 HOUR 12:00P
3 SEX Male	White Au	TE OF BIRTH ONTH 9. 23, 1912	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	FUNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Conn.	U. S. A. WIDO	RRIED NEVER MARRIED	ALLEGANY COUNT	Y OF DEATH Y
Cumberland,	11. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOS	PITAL	(type of work for most of working Liket. Conductor,	126. KIND OF BUSINESS OR INDUSTRY. W. Md. Rwy.
Maryland All	or other institution, give residence before admissi UNITY 13. CITY OR TOWN Egany Cumberland,	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1205 McMullen He	vy. Bowlingen,
14 FATHER'S NAME FIRST Ernest	MIDDLE Wartzack	15 MOTHER'S MAIDEN NA Maria	MIDD1E	Myer
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 705-12-4768		V. Wartzack, 120	Cumb. Md. 2150 5 McMullen Hwy.
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH	of abcen		/EN IN PART I(a)
TO EMPHYSE M 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FORWAICH OPERA	1-1-1	206. AUTOPSY? 206. IF YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this has) saw the deceased alive of	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET 212 . 19 79 and that in (my) (aur) opinion DEGREE	CITY OR TOWN ta 5-18 death accurred an the date and hou	COUNTY STATE 19 77, that (I) (we) lost
DR. G.L. WAG		22e ADDRESS	DRIVE, CUMBERLAND	, MD 21502
230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	5/21/79 Zion M	DEFICIENT OR CREMATORY MEMORIAL Park	123d LOCATION CITY OR TOWN Nr. Cumberland	Allegany, Md.
GEORGE S FUNERA	L HOME, 202 GREEN ST 21502 H. Wayne Geory	REET,	MAY 2 3 1979	RAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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STATE OF MARYLAND

1-5	TATE REGISTRAR		ME	DICAL E	XAMIN	ER'S CI	RTIFIC	ATEO	FDEA	TH	7EG	No. 1	060	1	
	EASED NAME OR PRINT)	FIRST	rene We	MIDDLE 11er		U	AST		F	2a DATE OF DEATH	KNOWN ESTI- MATED			9 79	261HO
3 SEX	4 RA	CE 5.	DATE OF BIRTH	YEAR 6	AGE (IN YEAR LAST BIRTHDA 78 YR	(Y) MONTHS		HOURS		2c. DAT PRONOU DEA	E NCED	MONT 5	H DAY	YEAR 19 79	2d_HC
FOR	THPLACE (STATE OF EIGH COUNTRY)	71	CITIZEN OF WI					ER MARRIE	ED L		MORE CIT	-	INTY OF DE		
	y or town of bi		NAME OF HOS UF NOT IN SUCH FA (DOA) S	PITAL, NURS	EET ADDRESS)			ION	12a. USU FOR M HO	AL OCCI	PATION (TYPE OF WOR	RK 12b. KIN OR HC	D OF BUS INDUSTR IME	SINESS
USUA 130. ST MI		13b COUNTY Allega		13c. CITY C		1	3d. INSIDE (1	NO A	13e STRE	4380	ESS McMul	len H	Highwa	y	
14. FA	THER'S NAME FIRST	٨	AIDDLE	LA	ST		5. MOTHE	R'S MAIDE			MIDDLE			ST	
16a. W {YE	AS DECEASED EVE S. NO. OR UNKNOWN) NO	R IN U.S. ARMEI		16b. SOCIA	AL SECURITY	(NO. 1	John	E. W	elle	r	Cumb		nd, Ma	ryla	nd
NC	Canditions, if gove rise to cause (a) stating lying couse los	immediate ng the <u>under</u> - t.	(b) DUE TO, OR	AS A CONSI	ATY SC	leros		GIVEN IN PAR	T 1 (a):				-		
CERTIFICATION	19a. DATE OF OPER	RATION	19b. CONDI	TION FOR W	HICH OPER	ATION WA	S PERFOR/	MED?						TOPSY?	NO
								D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	RRED T WHILE D		OF INJURY FORY, FARM, ETC.		211. LOCA				CITY OR TO	OWN		COUNTY		STA
	deoth resulted fro	m: Natural	tarelic	Accident [Autopsy cide	Homici TITLE (SF De]	PECIFY)	Undete	Inquiry rmined m	onner			-21-7	79
23g. BU	(TYPE OR PRINT) _ RIAL, CREMATION, SUCTIAL	REMOVAL 23b.			ME OF CEM		CREMATO				land		egany	MD^	TE
24. FÜ	NERAL DIRECTOR		eral "Hön	E CUI	MBERLA	ND, MD	2	Sa. DATE R	AY 2	REGISTR	AR 25b. RE	GISTRAR	s signatu	Choo	7

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N	County of the County of the County
and attended to	Lettern i t and ferror (196) to a tentroloni.
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TO HOSPITAL

retained by the hospital or attending physician.

10 FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director input the detached for use as the burial-transit permit. Then please remove carbonapapers. Pages I and 2 should be filled within 72 hours at the Stift Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If Item 21 is marked at Item 18 shows any injury, or other troumatic event, the

must be notified at ance.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

79-10602

	REGISTRAR				CERTIF	ICATE	PEAIR		REG.	NO.	, ,		
1 DE	CEASED NAME OR PRINT)	FIRST		MIDOLE	-	LAST		20. DATE	OF DEATH		DAY	YEAR	2b. HOUR
,		INA	ELI 2	ABETH	WI	ENSEL	L	MAY	20,	1979			5:05AN
SE			RACE	***************************************	5. DATE C			6. AGE (N YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
	Female		White		Au	g. 19	1911	BIR	67	YRS	MONTHS	OAYS	HOURS MIN
	IRTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	~ D .ueve		9. BALTI	MORE CITY	OR COUN		EATH	
	ike, Maryl	and	USA		WIDOWE	- V	DNORCED T		Al	legan	У		M
0 C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN	G HOME C		NSTITUTION		AL OCCUPA				F BUSINESS OR
(CUMBERLAN	ND /			SPIT	AL			memak	T OF WORKING	LIFE	Own	Home
ISU.	AL RESIDENCE (IF NUR	SING HOME OF C				4 1 2 1 IN 1 C 100		la cres					310
Ju .	W. Va.		eral	Keyser	N	YES TA	E CITY LIMITS?	13e STRE	ET ADDRES	\$ 142 O	verto	on S	street
F	ATHER'S NAME						R'S MAIDEN NA	ME					
	Thomas	MI	DDIE .	Bo bo			Rosa		WIDDIE	-		Shai	de
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFOR			ADE	RESS		-	
(YES, NO OR UNKNOWN)	Non	VAR OR DATES)	236 76 10	073	Mr.	Joseph	N.	Wen	sell :	142 (Over	ton Plac
-	18 CAUSE OF DEAT	H (Enter only	000 60410 001						K	eyser	9 Mg	XPHACK	MATE INTERVAL
	PART I. DEATH V					iac c	- +					PELMERIA	ZNSET AND DEATH
		IMMEDIATE	CAUSE (o)		~~~		الرس						
	40112												
	10/10		DUE TO, O	R AS A CONSEQUE	NCE OF								
	Conditions, if ony	which	(b)										
	gove rise to im	mediote						1000					
	couse 101, statu	ng the	DUE TO O	R AS A CONSEQUE	NCEOF								
	underlying couse	lost	1										
			(c)										
2	PART 2 OTHER SIG	NIFICANT CO	MOITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISE	ASE OR CC	NDITION C	SIVEN IN	PART 1	3 1
CEKIIFICATION			unu	no of co	iver							331	
2	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a At	JTOPSY?				GS USED OF DEATH?
								YES [NO		YES 🗌		NO 🗌
Ü	210. ACCIDENT WAS UN	OERLYING	21b. TIME O			21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEM 1	B, PART I OR	PART 2)	
	OR CONTRIBUTING			M. MONTH DA									
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.I		19	21f LOCA	TION						
N N		HILE [REET, FACTORY, OFFICE, FA	ARM, ETC.)	STRE			CITY OR 1	OWN	COL	YTML	STATE
	AT WORK AT WO	ORK -				1-	20		1	1.	_	7.0	
	22a.1 certify that (1)	(this hospita	I) ottended	e deceased from_	5/	12		, to	3/	1	19_/	7	that (I) (we) las
	sow the deceos above, (1) (we) (ed olive on	Jour the hadre	19 7 19 7	9 or	nd that in (n	y) (our) opinion	death occu	rred on the	dote and h	our and f	rom the	causes stated
	226. SIGNATURE	0/	//	oner deom.	/	DEGREE		/			77	c Dare	SIGNED.
		4	011	ind	2.3%	MY)	ATTENDING	MEDIC		AFF	15	Th	19
	22d. PHYSICIAN'S N.	AME ITYPE OF	RINT)	0		22e. ADDF	FSS	DIRECTO				1	1.7
						110. ADD	MEN	MORIA	L HO	SPITA	AL	ICU	
	DR. PE						CUI	ABERI	AND,	MD.		502	
0 8	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY C	R CREMATORY	23d, LC	CATION			-	
				1					Y OR TOWN		COUNT	Y	STATE
	Burial MERAL DIRECTOR	,	5/22	/79 Q	ueens	Poin	t Cem.	CII	100000	Miner	al,		Va.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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	. Forest 14	diana .eb g		
		14	66	
15/13			6-51)	
	TOPIAL HOSPITAL		AUMOS	DR. PETER H
V	imenia dece			

requires that the death

OR ATTENDING PHYSICIAN The low

within 24 hours

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH

79-10603

		REGISTRAR			CEKITI	ICATE OF DEATH		REG. NO.	0		
		CEASED NAME FIRST	,	WIDDLE	L	AST	20. DATE O		DAY	YEAR	2b. HOUR
		MARION		SABELLA		ILSON		05	27	79	10:00Am
	3. SE	X	1 RACE		S. DATE C		6. AGE (INY	EARS LAST BIRTHDAY)	MONTH:	DER I YEAR	IF UNDER 24 HRS
	_	Female	Cauca	asian	Feb.	26, 1906	7	73 YR		DATS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED TO	9 BALTIMO	RE CITY OR COU	NTY OF D	EATH	
3	Ma	aryland	U.S.	Α.	WIDOWE	D DIVORCED	ALL	EGANY COL	NTY		MD.
	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKIN		B. KIND O	F BUSINESS OR
a	Cu	mberland	SACRE	HEART H	OSPIT	AL		twistin			nese
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET				
5		7 7 1 1 2 7	eganv	Midlan	_	YES NO	Box	000	dlar	- A	
		THER'S NAME	-		- A - A - A - A - A - A - A - A - A - A	15 MOTHER'S MAIDEN N.			OTAL	10	
17	Δ.	_	MIDDLE	LAST		FIRST		WIDDLE	0.0	LAST	
1	16a V	lexander WAS DECEASED EVER IN U.S. AR	MED FORCES?	Wilson 166 SOCIAL SECU		Minnie 17 INFORMANT		ADDRESS	ವಿಕ	avag	8
	{}	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	214-07-	63/13		nald E	3ox 223,	Mid	llan	d. Md.
14		18 CAUSE OF DEATH (Enter on	ly one couse per			Carozo Bo	IIII L A	A A			MATE INTERVAL DNSET AND DEATH
		PART I. DEATH WAS CAUSE	Ď BY.	Read		+ willes		- Au	M	BETWEEN	INSET AND DEATH
	-	1 A MEDIA	re CAUSE (a)	100	701	1000,00	1				TRAM
		Conditions of the state of the	DUE TO, OF	R AS A CONSEQUE	NCE OF	7 0	woni	C			
		Conditions, if ony, which gove rise to immediate	(b)								
		couse (o), stoting the underlying couse lost	DUE TO, OF	R AS A CONSEQUE	NCE OF						
Н			(c)						1		
	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN	PART 1(o	ş.
	CERTIFICATION	19a DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTO	OPSY? ZON IF	YES WER	E FINDIN	IGS USED
32	IFIC	N/mag						IN CER	RTIFYING	CAUSES	OF DEATH?
10	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUI	YES [THE OF INTURY IN ITEM	YES	D DART 2)	NO 🗌
7		OR CONTRIBUTING CAUSE OF DEA			YEAR	The transfer occor	CALENTAN	TORE OF HAJORT HA HEM	IB, FARI I OI	CPART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE (19	211 LOCATION					
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		220.1 certify that (1) (this haspi sow the deceased alive on		receased from	1	13)	, to	3/2/	_, 19	4	that (I (we) last
		obove, (1) (we) (did) (did no	t) view the body	ofter death.		d that in (my (our) pinion	deoth occurre	d on the dote and t			
		22b. SIGNATURE				DEGREE ATTENDING	MEDICAL	STAFF	2	2c. DATE S	SIGNED
Ц		116	alla			PHYSICIAN		PHYSICIAN [5	129/76
		226 PHYSICIAN'S NAME (TYPE OF			FOR	22e ADDRESS					
		DR. V. R. FE	LIPA, ML).		SETON DRIVE	E, CUMBI	ERLAND, M	WRYL	AND	
- 0	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCA	ATION R TOWN	COUNT	Υ	STATE
		Burial	5/30/	79 (ak H		Long	coning	Alle	30.	Md
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral discharge detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be natified at once. retained by the haspital ar ottending physician. TO HOSPITAL BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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	SICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N	E THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE F	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN PAGE 5	ERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE"FALED,	eath, with the state department of health and mental hygiene, division of vital records, 301 w

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